

Please return completed form by email or facsimile.

**Email:** [policemedical@recovre.com.au](mailto:policemedical@recovre.com.au) **Facsimile:** 1300 723 405

Please note initial audiology assessment cost will be met by Recovre on the condition that the applicant has arranged their NSW Police medical examination with Recovre. If you have any questions or require further assistance, please email [policemedical@recovre.com.au](mailto:policemedical@recovre.com.au).

Please be advised that if further assessment is requested, an additional file review charge will be required prior to the report being reviewed.

Please provide a copy of hearing test results.

Please complete an Audiogram from 500-8000Hz and answer the questions below.

## A. MEDICAL ASSESSORS DETAILS

Date of appointment: \_\_\_\_\_

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Phone: Facsimile: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I have this date verified the identity of:

Applicant name: \_\_\_\_\_

by sighting photo identification:

Driver's licence no.: \_\_\_\_\_ State: \_\_\_\_\_

and/or passport no.: \_\_\_\_\_ Country: \_\_\_\_\_

## B. HISTORY

1. Is there any history of hearing or other ear problems or surgery?  No  Yes

2. Is there any past history of significant noise exposure (occupational or recreational)?  No  Yes

3. Is there any history of tinnitus?  No  Yes

If Yes, please provide further detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On examination:

4. Canals Clear?  No  Yes

5. Tympanic membranes intact?  No  Yes

If abnormalities identified for the above questions please provide further details:  
\_\_\_\_\_  
\_\_\_\_\_

### UNAIDED Criteria 1.

6. Are applicants hearing thresholds equal to or less than 20dB in both ears at 500, 1000, 2000 and 3000Hz?  No  Yes

7. Are the applicant's thresholds equal to or less than 30dB in both ears at 4000Hz?  No  Yes

8. Has any hearing loss been detected? If yes, what is the likely cause?  No  Yes

9. Is further investigation required? If yes, please provide further details.  No  Yes

If applicant passes unaided criteria 1, no further information is required.

### UNAIDED Criteria 2.

10. Are the applicant's unaided thresholds equal to or less than 35dB at 500, 1000, 2000 and 3000Hz?  No  Yes

11. Are the applicant's hearing thresholds equal to or less than a four frequency average of 25dB (using 500, 1000, 2000 and 3000Hz)?  No  Yes

12. Are the applicant's thresholds equal to or less than 45dB at 4000Hz?  No  Yes

Please also complete Speech Discrimination Testing on following page.

### Speech Discrimination Testing

A. In a quiet testing Speech recognition scores shall be 90% or better in each ear at 50dB HL degrees azimuth in quiet, using age appropriate monosyllabic words under earphones. (e.g. North Western University Test No. 6) (with non test ear plugged or appropriately masked).

B. In noise testing Binaural speech recognition (50 monosyllabic words) in a sound field shall be 70% or better at a +5 dB signal-to-noise ratio. Both the word list and competing speech noise shall be presented at 0 degrees azimuth.

Please score using complete monosyllabic words only rather than phonemes. Testing must be based on a minimum of 3/2 lists of 10 words for each ear both for "in quiet" and "in noise" testing (i.e. minimum of 80 words).

Please complete the table below and also attach a copy of the work list used with scoring. Speech must be at 50dB and noise at 45dB HL.

The contralateral ear must be masked for "in quiet" testing. The noise and speech must be either delivered to the ear being tested with the other ear masked or a sound field used and binaural speech recognition tested in noise. If the client undergoes aided testing, please indicate this in writing.

#### Speech Discrimination Testing – Unaided Criteria 2

| IN QUIET       |   |                      |                     |                      |
|----------------|---|----------------------|---------------------|----------------------|
| LEFT SCORE     | % | RIGHT SCORE          | %                   | dB HL (Speech Level) |
|                |   |                      |                     |                      |
| IN NOISE       |   |                      |                     |                      |
| BINAURAL SCORE | % | dB HL (Speech Level) | dB HL (Noise Level) |                      |
|                |   |                      |                     |                      |

13. If the applicant fails these standards, they may wish to be fitted with a hearing aid/s and be considered under the aided criteria. Has the applicant purchased the hearing aid used for testing?  No  Yes

If yes, proof of purchase of any hearing aid used for this test MUST be supplied before the aided hearing test can be accepted.

*If the applicant wishes to be fitted with a hearing aid, please proceed to Aided Criteria Testing.*

### AIDED CRITERIA

14. What type of hearing aid is worn?

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15. How long has the aid been worn for?

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For either ear, measure narrow band or warble tone thresholds in a calibrated sound field with the unaided (non test) ear plugged or when necessary masked.

Please supply copy of aided audiogram and clearly mark to indicate that aid/s has been used and answer the following questions.

16. Are the applicant's aided thresholds no greater than 35dB at 500, 1000, 2000 and 3000Hz?  No  Yes

17. Are the applicant's aided threshold equal to or less than a four frequency average of 25dB (using 500, 1000, 2000 and 3000Hz)?  No  Yes

18. Are the applicant's thresholds no greater than 45dB at 4000Hz?  No  Yes

You must also complete Speech Discrimination Testing.

#### Speech Discrimination Testing – Aided Criteria

| IN QUIET       |   |                      |                     |                      |
|----------------|---|----------------------|---------------------|----------------------|
| LEFT SCORE     | % | RIGHT SCORE          | %                   | dB HL (Speech Level) |
|                |   |                      |                     |                      |
| IN NOISE       |   |                      |                     |                      |
| BINAURAL SCORE | % | dB HL (Speech Level) | dB HL (Noise Level) |                      |
|                |   |                      |                     |                      |

*Note that applications cannot be considered further where: The applicant does not meet the unaided criteria 1 or 2, and does not wish to be fitted with a hearing aid/s OR The audiologist or ENT surgeon advises that a hearing aid is inappropriate.*