

## Hearing Assessment Form

Does the applicant meet minimum hearing requirements?

☒ Meets Standard

☐ Does Not Meet Standard

### Hearing Specialist information:

Name (Hearing Practitioner): Alicia Simbirska

Name of applicant being assessed: Corey Jackson

Office Location: 5-754 Falconbridge Rd Phone: (705) 222-6442

A Simbirska  
(Signature)

05/04/2023  
(Date Assessed)

### Applicant:

[Signature]  
(Applicant's Signature)

05/04/2023  
(Date Signed)

**This form is valid for a period of 2 years commencing from the date it is signed**