

01000045

BRITISH
COLUMBIA

HEARING REPORT

Note to Driver: If you have had a hearing test done within one year prior to the date this form was issued, you may submit the results of that test. If you require a current hearing test to fulfill this requirement, RoadSafetyBC will reimburse the audiologist directly for the Hearing test and completion of this Hearing Report form (see form back for details).

THIS REPORT MUST BE COMPLETED IN FULL AND RETURNED WITHIN 30 DAYS TO ROADSAFETYBC

Driver's Name: (SURNAME)	(GIVEN)	DL #	Date Issued
PELTTEST		00200025	

RECENT UNAIDED AUDIOGRAM

FREQUENCY IN HERTZ (Hz)

		500	1000	2000
Intensity in Decibels (db)	RIGHT EAR			
	LEFT EAR			

If hearing loss is greater than 40 db in the better ear, complete the following:

RECENT AIDED AUDIOGRAM

FREQUENCY IN HERTZ (Hz)

		500	1000	2000
Intensity in Decibels (db)	RIGHT EAR			
	LEFT EAR			

PLEASE COMPLETE THE FOLLOWING:

YES

NO

- Is hearing loss progressive?
- Can hearing be corrected with an aid?
- Was an aid prescribed?

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EXAMINING AUDIOLOGIST NAME AND ADDRESS (USE RUBBER STAMP OR PRINT)	RECOMMENDATIONS - FOR OFFICE USE ONLY	
	<input type="checkbox"/> DOES NOT MEET GUIDELINES <input type="checkbox"/> MEETS GUIDELINES - NO RESTRICTION <input type="checkbox"/> MEETS GUIDELINES - WITH RESTRICTIONS <input type="checkbox"/> RESTRICTIONS ADDED <input type="checkbox"/> 22 <input type="checkbox"/> 23 or 51	
TELEPHONE NUMBER:		
SIGNATURE OF THE AUDIOLOGIST	NAME (PLEASE PRINT)	
DATE OF EXAM	OFFICE	
(YYYY/MM/DD)	(YYYY/MM/DD)	