



2 Bedbrook Shenton
Place Park WA 6008 Ph
08 9388 5555 Advisory
1300 794 744
www.workcover.wa.gov.

AUDIOGRAM RESULTS
Form 411

Section A – Details

Name

mmmmmmmmmm

Worker ID number

Section B - Authorisation

I authorise the release of my WorkCover WA Audiometric test results to:

Name of recipient

dadada

Location of test

Date of test

02/12/2014

Name of person conducting test

Pre-employment 1

(dd/mm/yyyy)

Please note:

The release of audiometric test results is not compulsory. Signing of this form is at your discretion

Section C – Signature

Signed



Date

02/12/2014

(dd/mm/yyyy)

Approved Audiometric Officers to
maintain a copy of this form.

Audiologists please return
completed form to:

Noise Induced Hearing Loss
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Fax: (08) 9388 5550

For further information:

Phone: (08) 9388 5661

Workers' Compensation and Injury Management Regulations 1982

Regulation 19F

- (2) WorkCover WA shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4(2) to any person specified by the worker in that request.
- (3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested

