

# CONFIRMATION OF EMPLOYMENT FOLLOWING COMPLETION OF A WORKCOVER COMPLIANT HEARING TEST

FAO: THE HUMAN RESOURCES DEPARTMENT

Redimed completed a work cover compliant hearing test on:

Name: q w ..... D.O.B. 08 / 09 / 1983 ON: 11 / 11 / 2014


AT THE REDIMED CLINIC, 1 FREDERICK ST, BELMONT, WA 6104.

In order that our Audiometric Officers may enter this 'Compliance Hearing Test' in to the WorkCover WA database within the required time frame, we need to confirm if the applicant stated above is now employed.

EMPLOYED: YES / NO (please circle as appropriate). IF YES, DATE EMPLOYED: 26 / 11 / 2014

BY: ..... (COMPANY NAME).

IN THE POSITION OF: 1 .....

SIGNED: ..... 

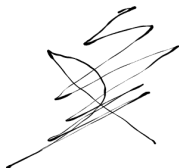
NAME: 2 ..... TITLE: 3 ..... DATE: 11 / 11 / 2014

We require the form to be emailed to Redimed ([healthscreenings@redimed.com.au](mailto:healthscreenings@redimed.com.au)) within one month from the test date (28 days).

If Redimed receives this form >1 month following the hearing test date, in accordance with Work Cover regulations, we will not be permitted to enter these results in to the Work Cover database.

**Note:** If a Mines Health Surveillance has been performed we will not be able to process these forms and apply for registration from the Department of Mines and Petroleum on behalf of the applicant *unless* we receive this notification in specified time frame.

Kind Regards,



Audiometric Officer

Redimed Total Injury Management