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NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST Form 18

To: (Full legal name of worker)

nguyen Thanh huong

Address of worker

Dia chi 1

Dia chi 2

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by:

Name of person approved under regulation 19B

Dr. Hanh Nguyen

Name of clinic

Belmont

Address of clinic

1 Frederick Street Belmont WA

Time of test

08:45

Date of test

26-11-2014

(dd/mm/yyyy)

Name of employer

Insurer Company

Location/worksite

222

Employer WorkCover No (obtainable from your insurer)

WC

Name of person arranging test

dada

Date

26-11-2014

Position

dada

Signature of person arranging test

(dd/mm/yyyy)

Non attendance:

A worker shall not, without reasonable excuse, fail to submit themselves for an audiometric test of which the worker has notice (regulation 19D(3)).

Period of Quiet:

An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during 16 hours immediately preceding the audiometric test (regulation 19D(2)).

To be completed at the start of the appointment

I (Full legal name of worker)

nguyen Thanh huong

Confirm that I have observed the period of quiet.

Date

26-11-2014

Worker's signature

(dd/mm/yyyy)

Date

26-11-2014

Tester's signature

(dd/mm/yyyy)