Dear Audiologist

**Worker requires further audiometric testing**

I am advised that my worker:



(worker’s full name)

requires a baseline full audiological assessment following a recent WorkCover WA baseline air conduction test.

As the employer it is my responsibility to arrange an appointment with one of WorkCover WA’s approved audiologists.

Accordingly, would you please arrange a suitable time for this testing to be conducted and advise me of the date and time of the appointment as soon as possible.

Yours faithfully

Signature

Date



 *(dd/mm/yyyy)*

**Employer details**

Name of employer



WorkCover number (obtainable from your insurer)

|  |  |
| --- | --- |
| WC |  |

Postal address



 City/suburb State Postcode

   

Telephone



Contact person



Position

