



# RM Applicant Hearing Examination Report

Applicant ID

## Applicant Information

To be completed by the applicant

Surname		Given Names		Date of Birth (yyyy-mm-dd)	
Address			City	Province	Date of Examination (yyyy-mm-dd)

## Recent Noise Exposure (within last 72 hrs) and Hearing Protection

To be completed by the applicant

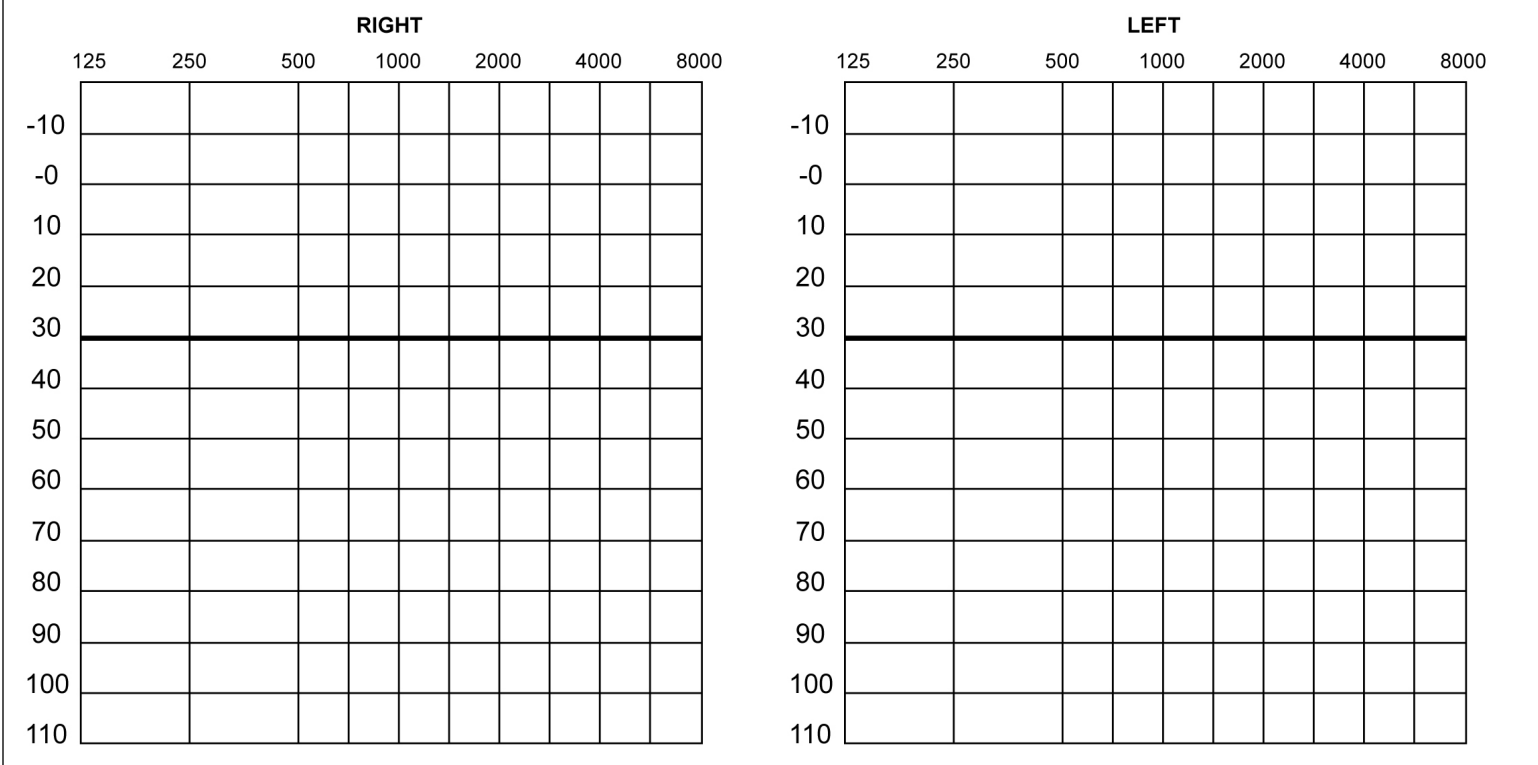
Type of Exposure	Duration	Type of Hearing Protection
		<input type="radio"/> Muffs <input type="radio"/> Plugs <input type="radio"/> None <input type="radio"/> Other specify:
		<input type="radio"/> Muffs <input type="radio"/> Plugs <input type="radio"/> None <input type="radio"/> Other specify:
		<input type="radio"/> Muffs <input type="radio"/> Plugs <input type="radio"/> None <input type="radio"/> Other specify:

Do you wear hearing protection?

Always  Mostly  Seldom  Never

## Audiogram Results

To be completed by the practitioner in accordance with the CSA Standard on Pure Tone Air Conduction Audiometers for Hearing Conservation and for Screening. Hearing examination must be performed unaided.



Comments

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Protected B  
once completed

Applicant ID

## Recommendation

To be completed by the practitioner

### RCMP Hearing Standards

- Hearing loss no greater than 30 dB in the better ear in the 500 to 3000 Hz range; and
- Hearing loss in the worst ear no greater than 30 dB from 500 Hz up to but not including 3000 Hz, and no greater than 50 dB at 3000 Hz.

Please indicate if the applicant meets the RCMP Hearing Standards.

Meets  Does Not Meet

## Declaration, Acknowledgement, and Consent

To be completed by the applicant

I declare that the statements made are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.

I acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.

I acknowledge that my hearing examination report is valid for two (2) years from the testing date.

I acknowledge that the cost of this examination and any reports prepared are my responsibility.

I consent that this information be provided to the RCMP for pre-selection purposes.

I consent to the RCMP, Occupational Health Services, contacting the practitioner indicated under Practitioner Information if clarification of this hearing examination is required.

Signature of Applicant

Date (yyyy-mm-dd)

## Practitioner Information

Surname

Given Names

License Number

Business Address

City

Province

Telephone Number (include area code)

Signature of Practitioner

Date (yyyy-mm-dd)