

Audiometric Report for Hearing Loss

Fill in this form to report the results of your client's audiological assessment for hearing loss. If the assessment is for a replacement hearing aid, please ask your client to complete section 11.

When you've finished, please return this form to:

- dunedin.hearingloss@acc.co.nz or Dunedin Hearing Loss Centre, PO Box 408, Dunedin 9054

Please also include a summary of your client's audiometric test results and any previous hearing loss assessments or hearing loss treatment records.

Part A: Background

1. Client details

Client's name:	Claim number:
Address:	
Date of birth:	Contact phone number:
Email address:	

2. Audiology provider details

Clinic's name:	Clinic's vendor code:
Audiology provider's name:	Audiology provider's number:
Email address:	Contact phone number:

3. ACC details

ACC contact person (if you know who it is):

4. Assessment details

Assessment date:	Purchase order number, if you have it:
Is this your client's first request for hearing devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If it's not their first request, what year was your client last employed in noisy work?	

Part B: Pre-test screening

5. Hazardous noise exposure details

To avoid temporary threshold shifts, you must wait at least 16 hours after your client has been exposed to noise levels ≥ 85 dBA before carrying out any hearing loss assessment.	
Has your client been exposed to hazardous noise levels recently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details of how long ago your client was exposed to the hazardous noise levels in hours, days or weeks and the nature of that exposure:	

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6. Pre-test ear examination details

Please examine your client's ears immediately before beginning your audiometric testing. Let us know if there's anything you think might affect the assessment results.

Comments from left ear pre-test examination:

Comments from right ear pre-test examination:

Please let us know about anything else that might affect the assessment results:

Part C: Report

7. Audiometric test result details

Please describe your client's hearing loss based on their audiometric test results:

If you have any records of previous hearing loss assessments for your client, please tell us how they're different from the client's current audiometric test results:

Do you think your client's test results are valid and reliable?

☐ Yes

☐ No

Do you think your client needs any other tests?

☐ Yes

☐ No

Please tell us about any other tests your client needs and the reasons for the tests:

8. Hearing loss details

Use the tables set out in schedule 1 of the [Accident Insurance \(Occupational Hearing Assessment Procedures\) Regulations 1999](#) to detail the percentage values of your client's hearing loss. Make sure you attach your National Acoustic Laboratory calculation sheet to this form.

What's your client's total binaural loss? %

What's your client's binaural loss correction for presbycusis? %

What's your client's net age-corrected hearing loss? %

Please tell us anything else you'd like us to know about your client's hearing loss:

9. Certification details

The acoustic assessment must meet the standards set out in AS ISO 8253.1.

The clinic assessment was carried out by:

The assessor's certification date:

What date was the audiometer used for this assessment last calibrated?

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The audiometer's calibration was carried out by:

Part D: Declarations and signatures

10. Audiology provider's declaration and signature

We can only accept audiometric assessments from audiology providers who meet the conditions set out below. Please read and sign this declaration so that we can pay you for your assessment of our client's hearing loss. If we've contributed to the cost of a hearing device for your client before, and you're not sure if this was in the last six years, please contact us before you sign the declaration.

I confirm that:

- I'm a current and full member of the New Zealand Audiological Society and I've complied with all of its ethical and professional requirements
- I've complied with all of the requirements of the Accident Compensation Act 2001, the test conditions and procedures outlined in the Accident Insurance (Occupational Hearing Assessment Procedures) Regulations 1999 (the regulations) and any purchase agreement with ACC
- I personally carried out the client's hearing loss assessment, summarised the client's test results and completed this report
- the clinic where I carried out the client's hearing test meets the requirements set out in the regulations
- the audiometer I used for this assessment was calibrated, either:
 - within 24 months, if it hasn't been moved
 - within 12 months, if it has been moved
- my client hasn't had a contribution from ACC for hearing devices in the last six years.

Signature:

Audiology provider's name:

Date:

Clinic name:

11. Client's declaration and signature

Please read and sign this declaration if you need a replacement hearing aid. If you have any questions about the declaration, contact the person at ACC who's been helping with your claim before you sign it.

I confirm that:

- my hearing aids aren't meeting my needs anymore and I'm asking ACC to contribute to the cost of replacing them
- I authorise ACC to collect medical and other records needed to make a decision about my claim. This could include contacting my audiology provider if more information is needed.

Client's name:

Client's signature:

Client representative's name if signing on behalf of the client:

Relationship to client eg parent or guardian of child under 16, partner:

Client representative's signature:

Date:

View our privacy disclaimer at acc.co.nz/privacydisclaimer