



# Audiogram Form New Career Recruits

### IMPORTANT PLEASE READ

**Audiogram Form:** Once completed, please forward this form with the invoice to:  
Email: [screening@fireandemergency.nz](mailto:screening@fireandemergency.nz) or Fax: +64 4 471 1793

**Invoices:** Please use ref: **5320/CFRECRUT** for invoices.

If you have any **queries**, please phone our Medical Screening Team on 04 496 3716.

Payment can only be made once Fire and Emergency New Zealand receives a completed copy of this form.  
**Please retain a copy on the patient's file.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_ Contact number: Mob ( ) \_\_\_\_\_

#### *Audiogram - Audiologist to complete*

Does the candidate wear hearing aids? Yes  No

Normal hearing to conversation? Yes  \* No  \* *If no, please provide previous hearing test*

Has there ever been any hearing loss, or any problems with balance? \* Yes  No

\* If **yes**, please specify cause, treatment, concerns:

\_\_\_\_\_  
\_\_\_\_\_

Speech distortion? Yes  No

**Please provide a full audiogram including:**

- **Pure tone audiometry**
- **Speech audiometry**
- **Immittance audiometry**
- **Otoscopy**
- **Any further notes or recommendations**