

PHYSICIAN/AUDIOLOGIST STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I have examined the above applicant and it is my opinion that the applicant **MEETS** the minimum hearing standards to perform the full duties required of an officer, in training or in the field, as outlined above.

_____ I have examined the above applicant and it is my opinion that the applicant **DOES NOT MEET** the minimum hearing standards for the following reasons:

Signature of Examiner _____ Date of Exam _____

IMPORTANT! Type or stamp Physician's/Audiologist's name, address, telephone number below:

Revised January 2005