



## SAANICH POLICE DEPARTMENT HEARING REPORT

Surname:	Given Name(s):	Date of Birth:
Address:		Postal Code:

Audiologist/ Practitioner		Date of Exam: YYYY/MM/DD
Address:		
		Phone:

### Hearing Thresholds (db HL)

	500Hz	1000Hz	2000Hz	3000Hz
RIGHT EAR				
LEFT EAR				

I certify that the above named individual ☐ Meets ☐ Does Not Meet

The following hearing requirements for a Police Officer applicant:

Pure-tone thresholds measured under audiometric earphones shall not exceed 30db in each ear at the following frequencies 500, 1000, 2000 and 3000 Hz (Unaided).

Signature of Examiner:	Date: YYYY/MM/DD
Signature of Applicant:	Date: YYYY/MM/DD