Complete this form if you’re a provider and you need to report the results of the audiological assessment for hearing loss.

Keep this form for your records and email or post a copy with a summary of the results of the audiometric test, to the appropriate ACC Service Centre, using the contact details listed below.

Part A: Background

|  |
| --- |
| 1. Client details |
| Client name: [Client full name auto]  | Claim number: [Claim number auto] |
| Address: [Client address line 1 auto], [Client address line 2 auto], [Client address line 3 auto], [Client address postcode auto] |
| Phone: [AUTO: Client phone number] | Date of birth: [AUTO: Date of birth] |

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| 2. Provider details |
| Vendor name:       | Vendor and facility codes:       |
| Provider name:       | Provider number:       |

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| 3. ACC details |
| ACC staff member: [Staff member auto] | Contact phone number: [Phone number auto] |
| Address: ACC Hamilton Service Centre, PO Box 952 Hamilton 3240 or ACC Dunedin Service Centre, PO Box 408, Dunedin 9054 | Email address: Hamilton.hearingloss@acc.co.nz or Dunedin.hearingloss@acc.co.nz |

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| 4. Assessment details |
| Date of assessment:       | Purchase order number:       |
| Clinic where testing was completed:       |

Part B: Report

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| 5. Ear examination |
| Please examine ears immediately before testing to determine if there are any factors that might affect the assessment results. |
| Right ear examination results:       | Left ear examination results:       |
| Comments:       |

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| 6. Audiometric results |
| Please comment on the reliability and validity of audiometric results:      |
| Compare current test results with findings from previous hearing tests, if known:      |
| Are you satisfied that the audiometric evaluation is sufficient for diagnostic purposes?[ ]  Yes [ ]  No. If no give rationale:       |
| Please specify what other tests may be required, and why:      |

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| 7. Testing conditions and equipment |
| Assessment carried out by:       |
| Acoustic assessment meets AS ISO 82531-2010: [ ]  Yes [ ]  No | Date of certification:       |
| Last calibration of audiometer by:       | Date of certification:       |

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| 8. Summary of hearing loss |
| On the basis of the audiometric findings, please state the client’s total hearing loss percentage:      % |
| Please attach a summary of the audiometric results. |

Part C: Declaration

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| 9. Audiologist declaration and signature |
| I confirm that I personally carried out the attached assessment and associated report. In doing so, I confirm that I have met all requirements of the Accident Compensation Act 2001, the test conditions and procedures defined in international standards, as well as all ethical and professional requirements of my professional association.I confirm that:[ ]  I am a current and full member of the New Zealand Audiological Society[ ]  the clinic meets relevant international standards for audiological equipment and ambient noise |
| Signature:       | Date:       |

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC’s privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.