



SAANICH POLICE DEPARTMENT Hearing Report

Last Name	First Name(s)	Date of Birth (YYYY/MM/DD)
Address (Street, City, Province, Postal Code)		Phone Number
Audiologist/Practitioner:		Date of Exam (YYYY/MM/DD)
Address (Street, City, Province, Postal Code)		Phone Number

Hearing Thresholds (db HL)

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

To be completed by the Examiner

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

The following requirements for a Police Officer applicant:

Pure-tone thresholds measured under audiometric earphones shall not exceed 50 db in one ear and 30 db in the 500 to 3000 Hz range in the other ear.

Signature of Examiner

Date Signed (YYYY/MM/DD)