

Audiometric Testing Request Form

SCHEDULING AND BILLING

Complete and sign this form and obtain your supervisor's authorizing signature to allow for transfer of expenses from UrgencyMED to your department.

Contact UrgencyMED at (831) 704-3030 to schedule an appointment for audiometric testing.

UrgencyMED is located at: 140 Summa Court
 Aptos, CA 95003

REQUEST FOR AUDIOMETRIC TESTING

I have been given the opportunity to receive audiometric testing.

This will be an (please check one): initial test annual re-test.

Employee's Signature

Date

SUPERVISOR AUTHORIZATION FOR EMPLOYEE AUDIOMETRIC TESTING

The listed UCSC employee may have occupational exposure to noise and is authorized to receive audiometric testing.

Supervisor or PI's Signature

Date

EMPLOYEE NAME: _____

PHONE NUMBER: _____

EMAIL: _____

SUPERVISOR: _____

DEPARTMENT: _____

MAILSTOP: _____

SANTA CRUZ OCCUPATIONAL MEDICAL CENTER

Send itemized billing to: Environmental Health & Safety Trailer
 Attn: Hearing Conservation Program
 University of California Santa Cruz
 1156 High Street
 Santa Cruz, CA 95064
 Phone: 831-459-2553