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 the Santa Cruz Occupational Medical Center (SCOMC) to your department. Contact the SCOMC at 831-457-7118 to schedule an appointment for audiometric testing.
SCOMC is located at: 610 Frederick St
Santa Cruz, CA 95062

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