



WINNIPEG FIRE PARAMEDIC SERVICE HEARING REPORT FOR COMMUNICATION OPERATOR

SURNAME OF APPLICANT	GIVEN NAME	INITIALS
ADDRESS OF APPLICANT		
CITY	PROVINCE	POSTAL CODE

HEARING REQUIREMENTS FOR COMMUNICATION OPERATOR APPLICANTS

** A communication operator must have the ability to hear and readily relay information accurately, while operating various methods of communication equipment (radio systems and telephones).

PURE TONE THRESHOLDS IN HZ	500	1000	2000	3000	4000	6000	8000
RIGHT EAR							
LEFT EAR							

Please place an "X" in the appropriate box

I certify that the above named individual <input type="checkbox"/> Meets <input type="checkbox"/> Does not meet the Winnipeg Fire Paramedic Service Hearing Requirements for a Communication Operator.

AUDIOLOGIST (PLEASE PRINT)	
BUSINESS ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)
SIGNATURE OF EXAMINER	DATE (YYYY/MM/DD)
SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)