****IDJC POST-CERTIFIED EMPLOYEE HEARING EXAM REPORT

Employee's Full Name PCN

 (Provided by HR)

**To the employee:** This exam must be performed by an audiologist or a physician with the necessary equipment to conduct the “Pure Tone Threshold Test” using the minimums listed below. **After the audiologist or physician completes this form, return it to Human Resources at IDJC Headquarters.**

**To the examining physician/audiologist:** The above-named employee has been selected for an Idaho Department of Juvenile Corrections POST-certified position and will participate in a training academy or is currently employed in a POST-certified position and requires medical certification to perform the required duties. A “Pure Tone Threshold Test” is required prior to acceptance into the Idaho Department of Juvenile Corrections POST Academy and every five years thereafter.

An employee in a POST-certified position *must* meet the following minimum hearing requirements:

## HEARING STANDARDS for Idaho Department of Juvenile Corrections employees in a POST-certified position. Applicant/Employee must have unaided or aided hearing between zero (0) and thirty (30) decibels for each ear at the frequencies of 1000 Hz and 2000 Hz, and unaided or aided hearing between zero (0) and fifty (50) decibels for each ear at the frequency of 3000 Hz.

|  |  |
| --- | --- |
| Frequency: 1000 Hz 2000 Hz 3000 Hz Right Ear \_\_\_\_\_\_db \_\_\_\_\_\_db \_\_\_\_db Left Ear \_\_\_\_\_\_db \_\_\_\_\_\_db \_\_\_\_db | **EMPLOYEE WEARS****HEARING AID****[ ]  NO** **[ ]  YES** |
| NOTE ANY ABNORMALITY |

**PHYSICIAN/AUDIOLOGIST STATEMENT:**

**Please initial the appropriate statement**

 The employee **MEETS** the minimum hearing standards for an employee in a POST-certified position.

 The employee **DOES NOT CURRENTLY MEET** the minimum hearing standards for an employee in a POST-certified position, but may with surgery or use of a medical aid (hearing aid, etc.). Please see details below.

 The employee **DOES NOT MEET** (*and is not likely to meet*)the minimum hearing standards for an employee in a POST-certified position for the following reasons:

## Signature of Examiner Date of Exam

**Type or Stamp Physician/Audiologist’s name, address, telephone number in the space below:**

**PLEASE COMPLETE ALL ITEMS—INCOMPLETE FORMS WILL BE RETURNED**