Hearing Test Declination Form

LABWORX OCCUPATIONAL HEALTH RESOURCES

Use this form only when an employee declines an offered hearing test. A signed declination does not waive or replace any employer duty under applicable federal or state occupational safety requirements.

Employer / company _____

Facility / location _____

Employee name _____

Employee ID _____

Job classification / department _____

Supervisor _____

Employee Acknowledgment

☐ I understand that my work may involve occupational exposure to high noise levels and that excessive noise exposure may place me at risk for hearing impairment.

☐ I acknowledge that I have received information about occupational noise exposure and have had an opportunity to ask questions about the exposure, the potential risks, and the hearing test being offered.

☐ I acknowledge that my employer has offered me an occupational hearing test at no cost to me. At this time, I decline the offered hearing test.

☐ I understand that I may notify my supervisor or employer if I later wish to request a hearing test, subject to the employer's applicable hearing-conservation procedures and legal obligations.

Reason for Declining (optional)

☐ I recently completed a hearing test elsewhere.

☐ I do not wish to participate at this time.

☐ I need additional information before deciding.

☐ Other: _____

Employee signature _____ **Date** _____

Supervisor / employer representative signature _____ **Date** _____

Employer note: Determine whether testing is required under 29 CFR 1910.95, an OSHA-approved State Plan, another regulation, or company policy. Retain this form according to your organization’s document-retention process. Consult qualified counsel or a safety professional for compliance decisions.