

## FDA Required Medical Exam Waiver Statement

I have been advised by EarGear Technology and/or their agents, that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid.

I do not wish to have a medical evaluation before purchasing hearing aids.

Print Name: \_\_\_\_\_

Waiver Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition to placing your order with EarGear Technology, by signing the above line, you are also stating that you are 18 years of age or older, you have read and understand the required F.D.A. notice and have made an informed decision to purchase hearing aids without being seen by a physician. Additionally, by purchasing hearing aids from EarGear Technology you agree that you are the person that will be the end user and wearer of the hearing aids. You also agree that the reason for purchasing hearing aids from EarGear Technology is for the purpose of personal use only and not for competitive research, resale or any other reason.

### Medical Questions Required By FDA To Purchase

(Please Check Yes or No)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you suffer from acute or chronic dizziness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have pain or discomfort in the ear?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a history of sudden or rapidly progressive hearing loss in the previous 90 days?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you experienced unilateral hearing loss of sudden or recent onset within the previous 90 days?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you noticed active drainage from the ear within the previous 90 days?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a visible congenital or traumatic deformity of the ear?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have visible evidence of significant cerumen accumulation? (ear wax)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been advised that you have an air-bone gap equal to or greater than 15 dB at 500Hz, 1000Hz, and 2000Hz? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please Complete This Form and Email or Fax To EarGear Technology**

**Email: [support@earegartechnology.com](mailto:support@earegartechnology.com)**

**Fax To: 888-998-0021**

