

Pacific Northwest Audiology

Medical Clearance for Hearing Aid Use

The Food and Drug Administration (FDA) has determined that it is in your best health interest to have a medical evaluation by a physician, preferably one specializing in diseases of the ear, before purchasing a hearing aid. Should you wish to do so, you may have your physician complete the Certification Form below.

Physician Clearance

I have medically evaluated the hearing loss of _____ in the past 6 months and have found no contradictions for hearing aid use. The patient is medically cleared as a candidate for amplification.

Physician Signature

Date

Office Phone #

Physician Office Location

Office Fax #

If you wish to proceed with a hearing aid trial without the FDA recommended medical evaluation, you must review and sign the statement below.

Statement of Medical Waiver

I have been advised by **Pacific Northwest Audiology** that the FDA has determined that my best health interest would be served by having a medical evaluation by a licensed physician (preferably one specializing in diseases of the ear) before purchasing a hearing aid. I certify that I am over 18 years of age and do not wish to have a medical evaluation before purchasing a hearing aid.

I further understand that a copy of this statement will be kept on file by the named audiologist for a period of three years from this date, in accordance with the FDA regulations.

Patient Name

Date

Signature

Audiologist Name

Date

Signature