

Sample Medical clearance form

Please print this form and have your doctor sign and date it.

We suggest that you have an examination by a medical doctor (preferrably an ear specialist) to specifically checking for any of the following conditions.

1. Physical congenital or traumatic deformity of the ear.
 2. History of active drainage from the ear within the previous 90 days.
 3. History of sudden or rapidly progressive hearing loss within the previous 90 days.
 4. Acute or chronic dizziness.
 5. Unilateral hearing loss of sudden or recent onset with a previous 90 days.
 6. Audiometric airborne Equal to or greater than 15 decibels at 500 cycles, 1000 cycles and 2000 cycles.
 7. Visible evidence of the ear wax or any foreign body in the ear canal.
- Up or discomfort and the ear.

Name of patient _____

Date of form was signed by the doctor _____

Doctor's name _____

Doctor's address _____

I have cleared on this patient for the purpose of purchasing hearing aids.

Doctor's signature _____

Doctor State license number _____