

Hearing Evaluation

National Academy of Railroad Sciences
 JCCC Conductor Program
 12345 College Blvd., Overland Park, KS 66210 913-469-3857



Federal Certification 49 CFR Part 240 Hearing Examination Form for NARS Applicants

Part 1 – Patient Information						
Last Name	First Name			Middle Initial		
Street Address				City		
State	Zip	Telephone Number				
Part 2 – Instructions to the Examiner						
<p>In accordance with Federal Railroad Administration Regulation 49 CFR Part 240: You are to examine the above named patient for hearing acuity.</p>						
<p>Hearing Thresholds</p> <p>Pass <input type="checkbox"/> Fail <input type="checkbox"/></p>			<p>Each patient shall have hearing acuity that meets or exceeds the following threshold when tested by use of an Audiometric Device (calibrated to American National Standard Specification for Audiometers, S3.6-1969): it is preferred that testing be accomplished in a booth with an appropriate attenuation. The patient does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1000Hz, and 2000 Hz with or without use of a hearing aid.</p>			
Part 3 – Hearing Results (Audiometric Device)						
Tape Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="text-align: center; margin-top: 5px;"> AUDIOMETER (Decibel Loss) </div>				Is the test conducted with hearing aid(s)? <div style="text-align: center; margin-top: 5px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>		
Left Ear Decibels						
500	1000	2000	3000	4000	6000	8000
Right Ear Decibels						
500	1000	2000	3000	4000	6000	8000

Part 4 – Validation of Patient

The examining physician must validate patient identification with a photo ID:

Validated? Yes No

Physician or Technician: _____

Address: _____

Phone Number: _____

Physician or Technician Signature: _____

Examination Date: _____

******Patient is responsible for payment******

***This signed and completed form must be faxed from the doctor’s office to: 913-469-3864.**

