

COMPANY NAME \_\_\_\_\_  
TEST DATE (S) \_\_\_\_\_

MY SIGNATURE BELOW INDICATES THAT I HAVE HAD MY HEARING TESTED AND RECEIVED THE EDUCATIONAL TRAINING INFORMATION WHICH INCLUDED (A) THE EFFECTS OF NOISE ON HEARING, (B) PURPOSE AND PROCEDURES OF AUDIOMETRIC TESTING AND, (C) PURPOSES, ADVANTAGES, DISADVANTAGES, AND ATTENUATION OF HEARING PROTECTORS AND SELECTION, FIT, AND CARE OF HEARING PROTECTORS.

PLEASE **PRINT** NAME  
POR FAVOR **IMPRINTA** EL NOMBRE

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