



America Hearing Hearing Aid Center hearing instruments are suitable for most adults who suffer from diminished hearing due to environment or age. They are not suitable where disease, trauma and or genetic malformation contribute to the loss of hearing, nor are they suitable for children. All of these cases should be taken to an Ear, Nose and Throat medical doctor (E.N.T., MD). In compliance with the FDA and State regulations as well as for your personal protection and safety we require that the hearing aid specialist review these questions aloud with you and examine your ear to determine if any of these conditions exist:

Verbal review with client:

- Active drainage from the ear within the previous 90 days* Yes No
- Unilateral, sudden or rapidly progressive hearing loss within the last 90 days or history of* Yes No
- Acute or chronic dizziness* Yes No
- Surgical or medical procedure(s) involving the ear* Yes No
- Pain or any discomfort in your ears* Yes No
- Stroke* Yes No
- Any ringing or buzzing sounds in one or both ears* Yes No
- Have you been exposed to any loud noises* Yes No
- Have you recently had a cold or ear infection* Yes No

After inspection of the ear and hearing test:

- Visible congenital or traumatic deformity of the ear* Yes No
- Visible evidence of cerumen(ear wax) accumulation or a foreign body in the ear canal* Yes No
- Unilateral loss or air-bone gap equal to or greater than 15dB at 500, 1,000, and 2,000 Hz.* Yes No

If you have answered "YES" to any of the conditions listed above, you may be required to provide our company with a medical recommendation form that has been signed by the examining physician within the last (6) months.

Comments/Notes: _____

Medical Waiver

I have been advised by the professional signed below that the Food and Drug Administration and this state have 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.

In signing below I acknowledge that I have been informed of the value of this medical examination. After such explanation, I voluntarily sign this waiver and state that I do not wish to have a medical evaluation before purchasing a hearing aid, that I understand and agree with the above statements, and that I am 18 years of age or older.

Client Name _____ Client Signature _____ Date _____

Client Address _____

Licensee Signature _____ License Number _____ Date _____