

Date: [Insert Date]
To: Department of Otolaryngology / Audiology
Facility Name: [Insert Hospital/Clinic Name]
Address: [Insert Address]

RE: Occupational Health Assessment Referral

Patient Name: [Insert Full Name]
Date of Birth: [Insert DOB]
Employee ID: [Insert ID Number]
Job Title: [Insert Job Title]

Dear Consultant / Audiologist,

I am referring this employee for a comprehensive otolaryngology and audiological assessment to determine their fitness for duty and any required workplace adjustments.

Reason for Referral:

- [e.g., Routine surveillance/baseline testing]
- [e.g., Change in hearing threshold noted on screening]
- [e.g., Report of tinnitus or vertigo]
- [e.g., Post-acute acoustic trauma incident]

Workplace Exposure Profile:

The employee is currently exposed to the following environmental factors: [List noise levels, chemical exposures, or pressure changes if applicable].

Clinical Requirements:

We request your expert opinion on the following:

1. Diagnostic Pure Tone Audiometry (Air and Bone conduction).
2. Assessment of any underlying ENT pathology.
3. Relationship of findings to occupational noise exposure vs. constitutional factors.
4. Recommendations for specialized Hearing Protection Equipment (HPD).
5. Stability of the condition and prognosis for continued employment in high-noise areas.

Please provide a formal report including the clinical findings and any specific restrictions or accommodations necessary for the workplace.

Thank you for your assistance with this case.

Sincerely,

[Your Signature]

[Your Name]
[Your Title/Position]
Occupational Health Department
[Company Name]