

WC302

**WORKERS' COMPENSATION AND REHABILITATION ACT 1981**  
**WORKERS' COMPENSATION AND REHABILITATION**  
**AMENDMENT REGULATIONS 1992**

Made by His Excellency the Governor in Executive Council.

**Citation**

1. These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations 1992*.

**Principal Regulations**

2. In these regulations the *Workers' Compensation and Rehabilitation Regulations 1982\** are referred to as the principal regulations.

[\*Published in the Gazette of 8 April 1982 at pp. 1229-50.

For amendments to 18 February 1992 see 1990 Index to Legislation of Western Australia, pp. 422-3 and Gazettes of 26 January, 8 March and 28 June 1991.]

**Regulation 19C amended**

3. Regulation 19C of the principal regulations is amended—

(a) by repealing subregulation (7) and substituting the following subregulation—

“ (7) Where an initial audiometric test is carried out by an audiometric officer and the results of an air conduction test meet the criteria specified in Item 1, 2 or 3 of Waugh and Macraes' criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80, the audiometric officer shall refer the worker to an audiologist or an approved medical practitioner for full audiometric testing. ”;

and

(b) in subregulation (10) by deleting paragraphs (a) and (b) and substituting the following paragraphs—

“ (a) if the referral is under subregulation (6), the audiometric officer completes the audiometric test;

- (b) if the referral is under subregulation (7), the medical practitioner or audiologist completes the audiometric test; and
- (c) if the referral is under subregulation (8) or (9), the medical practitioner or audiologist completes the audiometric test, or if the worker is further referred, the medical practitioner registered in the speciality of otorhinolaryngology determines the percentage of noise induced hearing loss. ”.

**Appendix 1 amended**

4. Appendix 1 to the principal regulations is amended by deleting Forms 19A and 19B and substituting the following forms—

FORM 19A

(Reg. 19F)

**WORKERS' COMPENSATION AND REHABILITATION ACT 1981  
REPORT OF BASELINE AUDIOMETRIC TEST**

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric \*test/retest of:

**WORKERS' DETAILS**

[Grid for Given Names (in full)]

GIVEN NAMES (in full)

[Grid for Surname]

SURNAME

SEX

M  F

[Grid for Address Number and Street]

ADDRESS NUMBER AND STREET

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

DATE OF BIRTH

[Grid for Day Month Year]

DAY MONTH YEAR

[Grid for Home Phone Number]

HOME PHONE NUMBER

[Grid for Work Phone Number]

WORK PHONE NUMBER

OCCUPATION OF WORKER

[Grid for A.S.C.O.-OFFICE USE]

A.S.C.O.-OFFICE USE

**EMPLOYED BY:**

[Grid for Full Name of Employer]

FULL NAME OF EMPLOYER

[Grid for Address Number and Street of Employer]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

PREDOMINANT INDUSTRY OF EMPLOYER

[Grid for A.S.C.O.-OFFICE USE]

A.S.C.O.-OFFICE USE

**LEVEL OF TEST:**

- Air-conduction
- Full audiological
- Medical Panel

**PURPOSE OF TEST:**

Baseline

**WAUGH AND MACRAES' CRITERIA:**

(Please tick only if worker fails)

Item 1                       Item 2                       Item 3

**HEARING TEST RESULTS**

HERTZ (Hz)		500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR								
	RT EAR ** MASKED								
	LT EAR								
	LT EAR ** MASKED								
** BONE CONDUCTION	RT EAR								
	RT EAR MASKED								
	LT EAR								
	LT EAR MASKED								

CALCULATED PLH  %  
OFFICE USE

**PERSON CONDUCTING TEST**

SURNAME     INITIALS     REG. NO.

EQUIPMENT REG. NO.     BOOTH REG. NO.

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

\_\_\_\_\_  
SIGNATURE  
\* Delete which doesn't apply  
\*\* Approved Medical Practitioners or Audiologists Only

DATE OF TEST  
    
DAY MONTH YEAR

FORM 19B

(Reg. 19F)

WORKERS' COMPENSATION AND REHABILITATION ACT 1981  
REPORT OF SUBSEQUENT/RETIRING/TURNING 65  
AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric \*test/retest of:

WORKERS' DETAILS

[Grid for Given Names]

GIVEN NAMES (in full)

[Grid for Surname]

SURNAME

SEX

[M/F Selection Box]

[M/F Selection Box]

M

F

[Grid for Former Surname]

FORMER SURNAME IF APPLICABLE

[Grid for Address Number and Street]

ADDRESS NUMBER AND STREET

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

DATE OF BIRTH

[Date of Birth Grid]

DAY MONTH YEAR

[Home Phone Number Grid]

HOME PHONE NUMBER

[Work Phone Number Grid]

WORK PHONE NUMBER

OCCUPATION OF WORKER

A.S.C.O.-OFFICE USE

EMPLOYED OR FORMERLY EMPLOYED BY:

[Grid for Full Name of Employer]

FULL NAME OF EMPLOYER

[Grid for Address Number and Street of Employer]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Grid for Suburb or Town of Employer]

SUBURB OR TOWN

POST CODE

PREDOMINANT INDUSTRY OF EMPLOYER

A.S.C.O.-OFFICE USE

LEVEL OF TEST:

PURPOSE OF TEST:

Air-conduction

[Air-conduction Selection Box]

Full audiological

[Full audiological Selection Box]

Medical Panel

[Medical Panel Selection Box]

Subsequent

[Subsequent Selection Box]

Retired/Turning 65

[Retired/Turning 65 Selection Box]

HEARING TEST RESULTS

HERTZ (Hz)	500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR							
	RT EAR ** MASKED							
	LT EAR							
	LT EAR ** MASKED							
** BONE CONDUCTION	RT EAR							
	RT EAR MASKED							
	LT EAR							
	LT EAR MASKED							

CALCULATED PLH  %  
OFFICE USE

\*\*\* CALCULATED NOISE INDUCED PLH SINCE BASELINE TEST/PREVIOUS ELECTION \*  %

OTORHINOLARYNGOLOGICAL EXAMINATION

Practitioner.....

Address.....

Signature..... Date.....

PERSON CONDUCTING TEST

SURNAME

INITIALS

REG. NO.

EQUIPMENT REG. NO.

BOOTH REG. NO.

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

SIGNATURE  
\* Delete which doesn't apply  
\*\* Approved Medical Practitioners or Audiologists Only  
\*\*\* Registered Otorhinolaryngologist Only

DATE OF TEST

DAY MONTH YEAR

By His Excellency's Command,

D. G. BLIGHT, Clerk of the Council.