

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;



## 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

[illegible][illegible]

SEX

SEX

☐ M ☐ F

[illegible]

FORMER SURNAME IF APPLICABLE

ADDRESS NUMBER AND STREET

SUBURB OR TOWN										POST CODE									
DATE OF BIRTH																			
DAY MONTH YEAR				HOME PHONE NUMBER												WORK PHONE NUMBER			

CONTINUATION OF WORKER	<div style="border: 1px solid black; padding: 2px; text-align: center;">           A.S.C.O.-OFFICE USE         </div>
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## EMPLOYED OR FORMERLY EMPLOYED BY:

\_\_\_\_\_

FULL NAME OF EMPLOYER

ADDRESS NUMBER AND STREET OF EMPLOYER

<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>SUBURB OR TOWN</span> <span>POST CODE</span> </div>
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ASCO-OFFICE USE

LEVEL OF TEST:

### Air-conduction

11

Full audiological

11

Medical Panel

11

**PURPOSE OF TEST:**

Subsequent

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Retired/Turning 65

[illegible]

## 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.