

TESTER SAMPLE SIMPLES-SAMPLER
1309 CHERRY AVE
GUADELAHARA MEXICO 00000-0000

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE
EMPLOYER: SAMPLE EMPLOYER
INSURER NO:

An application for compensation due to a hearing loss has been received. You should obtain a report from a physician qualified to perform an audiometric test. The physician should measure any decibel loss at the four (4) speech frequencies of 500, 1,000, 2,000 and 3,000 for both ears, prepare an audiogram and attach a completed WKC-16-B. Please have your physician answer the questions regarding the cause of any hearing loss.

Forward a copy of the report to this Department and the insurance carrier or self-insured employer.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL70 (R. 08/2003)

Copy sent to:
ATTORNEY PETERSON LAW OFFICES
2411 S BROADWAY
MENOMONIE WI 54751