THE AFA BALANCE & HEARING INSTITUTE
A.T. STILL UNIVERSITY OF HEALTH SCIENCES

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MEDICAL CLEARANCE FOR HEARING AID USE

The Food and Drug Administration (FDA) has determined that it is in your best health interest to have a medical evaluation by a physician, preferably one specializing in diseases of the ear, before purchasing a hearing aid. Should you wish to do so, you may have your physician complete the Certification Form below.

PHYSICIAN CERTIFICATION:

I have medically evaluated the hearing loss of _____ in the past 6 months and have found no contraindications for hearing aid use. The patient is medically cleared as a candidate for amplification.

_____	_____	_____
Physician signature	Date	Office Phone #

If you wish to proceed with a hearing aid trial without the FDA recommended medical evaluation, you must review and sign the statement below.

STATEMENT OF MEDICAL WAIVER:

I have been advised by The AFA Balance & Hearing Institute that the FDA has determined that my best health interest would be served by having a medical evaluation by a licensed physician (preferably one specializing in diseases of the ear) before purchasing a hearing aid. I certify that I am over 18 years of age and do not wish to have a medical evaluation before purchasing a hearing aid.

I further understand that a copy of this statement will be kept on file by the named audiologist for a period of three years from this date, in accordance with the Food and Drug Administration regulations.

_____	_____	_____
Patient Name	Date	Signature

_____	_____	_____
Audiologist Name	Date	Signature