

Audiometric Test Notification

Date: [Insert Date]

To: [Employee's Name]

From: [Your Company/Organization Name]

Subject: Notification for Audiometric Testing

Dear [Employee's Name],

This is to notify you that your audiometric test is scheduled as part of our regular health and safety program. This test is crucial for ensuring that our employees are not exposed to harmful levels of noise in the workplace.

Test Details:

- **Date:** [Insert Test Date]
- **Time:** [Insert Test Time]
- **Location:** [Insert Test Location]

Please arrive at least 10 minutes early for the test. Ensure that you refrain from exposure to loud noises 14 hours prior to the test for the most accurate results.

If you have any questions or concerns, feel free to contact [Contact Person's Name] at [Contact Phone Number] or [Contact Email].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization Name]

[Company Address]

[Phone Number]