

Medical Question

(Please check yes or no)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you suffer from acute or chronic dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have pain or discomfort in your ears? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a history of sudden or rapidly progressive hearing loss in the previous 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you experienced unilateral hearing loss of sudden or recent onset within the previous 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you noticed active drainage from the ear within the previous 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have visible congenital or traumatic deformity of the ear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have visible evidence of significant cerumen (earwax) accumulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a air-bone gaps equal to or greater than 15 dB at 500Hz, 1000Hz, and 2000Hz? | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill out this form and fax, email, or mail back to:

HearSource
102 Northfield Drive East
Bainbridge, IN 46105

Fax: 765-522-3551

Email it to us at
medrecords@hearsource.com

Medical Exam Waiver Statement

I have been advised by HearSource.com & any or all of their representatives, that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid.

I do not wish a medical evaluation before purchasing hearing aids.

X _____
Waiver Signature Date

Additional Acknowledgements and Agreements

In addition to placing your order, by signing below, you are also stating that you are 18 years of age or older, you have read and understand the above F.D.A. notice and have made an informed decision to purchase hearing aids without being seen by a physician.

You also agree that you are the person that will be the end user and wearer of these hearing aids, and that the reason for purchasing these hearing aids from HearSource is for the sole purpose of personal use only and not for competitive research, resale, or any other reason. You also agree that you have read, understand and agree to the "[Terms and Conditions of Purchase](#)".

X _____
Purchaser Signature: Date