



DEPARTMENT OF THE ARMY
MARTIN ARMY COMMUNITY HOSPITAL
6600 VAN AASLT BLVD
FORT BENNING, GEORGIA 31905-5000

Unit Office Symbol _____

_____ 2020

FOR Garrison Commander, Fort Benning, GA 31905

SUBJECT: Hearing Loss/Condition Diagnosis to Support ETP Request

1. The purpose of this memorandum is to verify the diagnosis of an auditory condition, injury, or disease for _____ and to further verify that further exposure to unmitigated high decibel noises will further exacerbate the condition, injury or disease.
2. _____ has been counseled that the use of a rifle suppressor while hunting may reduce noise exposure but the use of hearing protection is still recommended to protect his or her hearing. Xxxxxxx has further been counseled that the use of a sound suppression device does not negate or mitigate away the use of hearing protection.
3. The point of contact for this memorandum is the undersigned at (762) 408-3500 or via email at esther.kim.mil@mail.mil.

ESTHER KIM, MD
LTC, MC
ADCCS, BMACH