

**INDUSTRIAL HEARING LOSS**

**CLAIM NR:**

<b>NAME:</b>	<b>ID NO:</b>
<b>DATE OF EMPLOYMENT:</b>	<b>CONTRACTOR:</b>

**1. WHAT TYPE OF WORK IS THE EMPLOYEE DOING?**

**2. THE TECHNICAL DETAILS OF NOISE LEVELS (IN DECIBEL):**

**3. THE DURATION OF DAILY/WEEKLY EXPOSURE TO EXCESSIVE NOISE:**

<b>HOURS PER DAY:</b>	<b>HOURS PER SHIFT:</b>	<b>HOURS PER WEEK:</b>
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**4. IS THE NOISE:**

<b>STEADY:</b>	<b>CONTINUOUS:</b>
<b>INTERMITTENT:</b>	<b>IMPULSE:</b>

**5. IS HE STILL EXPOSED TO EXCESSIVE NOISE?**

<b>YES:</b>	<b>NO:</b>
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**6. DATE OF LAST EXPOSURE:**

**7. PREVIOUS AND PRESENT OCCUPATIONAL HISTORY:**

<b>EMPLOYER</b>	<b>TYPE OF EMPLOYMENT</b>	<b>TYPE/NATURE OF WORK</b>	<b>EXPOSURE TO EXCESSIVE NOISE</b>

**8. THE AUDIOLOGIST PERFORMING THE AUDIOGRAM SHOULD ATTEST IN WRITING TO THE EMPLOYEE'S IDENTITY.**

**9. PREVIOUSLY REPORTED TO THE COMPENSATION COMMISSIONER:**

<b>YES / NO</b>	<b>DATE:</b>	<b>CLAIM NR:</b>
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<b>DATE:</b>	<b>SIGNATURE:</b>
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**STAMP FROM EMPLOYER:**