



2 Bedbrook Place
Shenton Park
Western Australia 6008
workcover.wa.gov.au

telephone 08 9388 5555
advisory services 1300 794 744
TTY 08 9388 5537

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a worker's noise exposure and employment history given under section 114 of the *Workers Compensation and Injury Management Act 2023* and regulation 49(1) of the *Workers Compensation and Injury Management Regulations 2024* is **Worker Noise Exposure and Employment History** in Appendix 1.

The **Worker Noise Exposure and Employment History** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form NIHL3 – v1 [D2024/51423].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 April 2024

Workers Compensation and Injury Management Act 2023

**NOISE INDUCED HEARING LOSS
WORKER NOISE EXPOSURE AND EMPLOYMENT HISTORY**

Worker

Name:

.....

Address:

.....

Date of birth:

.....

Phone number:

.....

Email address:

.....

Male Female Unspecified

Worker lifetime noise exposure

Lifetime recreational noise exposure history:

.....

Lifetime firearm/ explosives exposure history:

.....

Medication currently or historically used:

.....

Personal and family history of hearing loss:

.....

Attach prior hearing tests and NIHL assessments to this form and list here:

.....

APPENDIX 1

Worker employment history

Note: The employment history must be complete and accurate, including dates of employment. Employment periods may be found by contacting the ATO. Failure to accurately complete this form may result in delays in the assessment and claim process.

Occupation	Employer and address	Industry	Period of employment	State/ territory of employment

APPENDIX 1

I have **attached** my Audiological test report to this Yes No form, authorising this NIHL assessment:

Note: your NIHL assessment cannot proceed without including your Audiological Test Report confirming hearing loss.

Worker's declaration

I declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself are true both in substance and in fact to the best of my knowledge and belief.

Signed: **Date:**