



Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Worker Noise Exposure and Employment History

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 2025 and registered as WorkCover WA Approved Form NIHL3 – v2 [D2025/92755].

The **Worker Noise Exposure and Employment History** in Appendix 1 replaces WorkCover WA Approved Form NIHL3 – v1 [D2024/51423] approved on 26 April 2024 and effective from 1 July 2024.

CHRIS WHITE

CHIEF EXECUTIVE OFFICER

P. Wit

9 May 2025

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:					

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 (dd/mm/yyyy format)	State/ territory of employment

APPENDIX 1

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