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 |

|  |
| --- |
| 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 lifetime noise exposure

## 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** |
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| --- | --- |
| I have **attached** my Audiological test report to this form, authorising this NIHL assessment: | 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: |  |