

Worker Name:	Case #:
---------------------	----------------

In the noisy jobs, how long were the shifts and for how many years did you work there?

Were the noise levels checked?

Have you worked at noisy jobs in other provinces? Please specify.

3. PROTECTION

Did you wear any ear muffs or ear plugs and if so, when and for which jobs?

4. NON-OCCUPATIONAL NOISE

Have you been exposed to loud noise, guns, lawn mowers, snowmobiles, chain saws, farm tractor, or other noise outside of work? Please specify.

If so, how often were you exposed to these noises and for how long?

5. OTHERS CAUSES OF HEARING LOSS

What is your age?	Does anyone else in your family have hearing loss?
-------------------	--

Have you been given drugs such as LASIX, ASA (high doses), STREPTOMYCIN (and other 'MYCINS'), etc.?

Have you had previous ear infections?

DECLARATION

I declare that the information on this form is true and correct.

Date: _____ Name (print): _____ Signature: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

If we need to obtain further information, what is the best time to reach you? _____

Thank you for the careful completion of this form