

Worker's report Work related noise-induced hearing loss

Clai	n number	

Submit this form and supporting documents at wsib.ca

A. W	orker information							
			First name					
A .1.1.								
Adar	ess (number, street	t, apartment, suite, unit)						
City/	Town				Province		Posta	l code
Telep	phone number	Email address	D	ate of birth (do	d/mmm/yyyy)	Social Ir	nsuran	ce Number
Miner's certificate number or payroll number Language preference								
1. W	/hen did you first no	tice loss of hearing? Date (dd/mmm/y	ууу)					
V	Vas the change in yo	our hearing			gradual or	sudde	n?	
W	/hen did you first se	ek medical attention for your hearing le	loss? Da	ate (dd/mmm/y	yyy)			
Α	re you bothered by	ringing in your ears?				Yes	No	
Н	ow long have you h	ad ringing in your ears?						
ls	the ringing in your	ears constant and/or severe?			constant	severe)	both
2. D	o you have a hearin	ng aid?				Yes	No	
W	/hen did you first red	ceive hearing aids (if applicable)?						
Have	e you ever been ass	sessed by an Ear, Nose and Throat spe	ecialist ((ENT)?		Yes	No	
lf	yes, please provide	the name, address and phone number	er of the	Ear, Nose and	d Throat specia	alist.		
Δ	ssessment date (dd	l/mmm/yyyy)						
Assessment date (dd/mmm/yyyy) Have you ever had your hearing tested?						Yes	No	
If yes, please provide the name, address and phone number of this clinic.							110	
		•						
	est date (dd/mmm/y							
	re you currently em	•				Yes	No	
lf	yes, please provide	the name, address and phone numbe	er of you	ır employer.				
D	o you still work in ha	azardous noise conditions?				Yes	No	
	•	ed in an area where decibel (db) levels	•			Yes	No	
lf	yes, please provide	e the name, address and phone numbe	er of the	employer.				
If	yes, please provide	e the years worked ar	nd decib	el level				

Contact <u>accessibility@wsib.on.ca</u> if you require this communication in an alternative format. Ce document est disponible en français sous le titre : *Rapport de la travailleuse ou du travailleur* (déficience auditive due au bruit en milieu de travail), 0032B (04/23)



A. V	worker information (c	continuea)						
Have you ever worked in hazardous noise conditions outside of Ontario?					Yes	No		
I	If yes, for how long?							
I	f yes, please provide	e the name, addre	ss and pl	none number of the employer.				
4. Are you retired?					Yes	No		
	If retired, please provide retirement date (dd/mmm/yyyy)							
	Do you or have you ever used noisy machinery, equipment or firearms outside of work?					Yes	No	
l	f yes, what type?			If yes, how often?				
5. I	Have you ever been	self employed?				Yes	No	
I	f yes, please provide	e the name and ac	dress of	the company.				
					_			
		_	-	nal insurance through the WSIB	?	Yes	No	
	Please provide the d	•	f-employe	ed at your company.				
,	Start date	End date						
B. F	Provide names of two	people who can c	onfirm yo	ur exposure to noise in the work	olace			
Nar	me		Employe	er	Current or	previous job	title	
Mar	me		Employe	ar	nrevious ich	previous job title		
Name Employe		, 1	Our on or	promode jed dae				
C F	Please provide your e	entire work history						
	•		and cont	inue to your oldest employer. Pl	ease be as d	letailed as po	ssible	e. You may
	l another page if neo					· 		
	Employer's name			Address and province				
	Employment dates			Job title				
	From	То		oob uuo				
1.	Equipment used					Exposure ho	ours p	per day
	Ear protection? Where in the building were			you exposed to noise?	Is employer still in business			
	Yes No Address and province					Yes		No
	Еттріоуеї з патте			Address and province				
	Employment dates			Job title				
2.	From To							
۷.	Equipment used				Exposure hours per day			
	Ear protection?	Where in the build	ling were	you exposed to noise?		Is employer	still in	n business?
	Ear protection? Where in the building were you exposed to noise? Is				Yes		No	
	ı					I .		

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Claim nu	ımber
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C. Please provide your entire work history (continued)							
3.	Employer's name		Address and province				
	Employment dates		Job title				
	From	То					
	Equipment used			Exposure h	nours p	oer day	
	Ear Protection?	Where in the building were	you exposed to noise?	Is employe	employer still in business?		
	Yes No	-		Ye	es	No	
	Employer's name		Address and province				
4.	Employment dates		Job title				
	From	То					
	Equipment used			Exposure h	nours p	oer day	
	Ear Protection?	Where in the building were	vou exposed to noise?	Is employe	r still ir	n business?	
	Yes No		,	Υe		No	
	Employer's name		Address and province				
	Employment dates	_	Job title				
5.	From	То					
	Equipment used			Exposure h	ours p	oer day	
	Ear Protection? Where in the building were		you exposed to noise?	Is employer still in business?			
	Yes No	-				es No	
Please provide the name of your union (if you are a member)					Local number		
Cor	ntact person				Telephone		

D. Declaration and consent

- I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury/illness; and
- I authorize any health professional who treats me to provide me, my employer and the WSIB with information about my functional abilities on the WSIB's "Functional abilities form for planning early and safe return to work"; and
- I consent to allowing the WSIB to disclose my Social Insurance Number to my previous employers, if necessary, for the purpose of confirming my past employment.
- I declare all of the above information is true and correct.

By signing below, I agree with all of the above statements.

Signature Date (dd/mmm/yyyy)

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

E. Freedom of information and protection of privacy provisions

Personal information about you will be collected throughout your claim under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used to administer the Workplace Safety and Insurance Act, 1997, your claim and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the *Income Tax Act*. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers, and others as authorized by the *Workplace Safety and Insurance Act* and the *Freedom of Information and Protection of Privacy Act*. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Questions should be directed to the decision maker responsible for your file.

A more detailed Privacy Statement for workers may be found at wsib.ca or by calling toll free at 1-800-387-0750

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