



**Australian Government**

**Department of Veterans' Affairs**

## **Claimant Report - Exposure to High Noise Levels Sensorineural Hearing Loss**

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

### ***Veteran's Details***

<b>Surname</b>	<b>Given Names</b>	<b>DVA File Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### ***Report Detail***

- When did sensorineural hearing loss first occur? *(Please be as specific as possible)*  
**Date** / /
- Has the sensorineural hearing loss permanently worsened at any time?  
 **No**  
 **Yes** – Please indicate when this happened.  
**Date** / /
- Has there ever been exposure to high noise levels on a regular basis (eg daily exposure during a working week)?  
*(High noise levels are at least 85 decibels (dBA). Some examples of noise sources and the decibel level produced are: earth-moving cab 97 dBA, welding 85-105 dBA, disco music 90-122 dBA, Hercules aircraft engine 95 dBA, helicopter at takeoff and landing 110 dBA, engine room of a ship 115 dBA)*  
 **No** - Please sign the form and return it to the Department  
 **Yes**
- Was adequate ear protection worn during this exposure to high noise levels?  
 **Yes**  
 **No**
- Please give details of all exposures to high noise levels by completing the table on the next page.

<i>Source of noise eg. tractor, ship engine room</i>	<i>dBA level (if known)</i>	<i>Approx total exposure each day</i>	<i>Type of ear protection eg muffs, plugs, nil etc</i>	<i>If not adequate ear protection, why?</i>	<i>Period of exposure</i>
		hours minutes			from / / to / /
		hours minutes			from / / to / /
		hours minutes			from / / to / /
		hours minutes			from / / to / /
		hours minutes			from / / to / /

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***Claimant's Signature***

***You are reminded that:***

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.

/ /