Application for Hearing Loss Resulting from Exposure to Long-term Occupational Noise

RESET

Please answer all questions and submit the completed form via fax to WorkSafeBC at the number provided on the last page of this form. Ensure you read and sign the last page, and include all attachments before submitting them to WorkSafeBC. Incomplete applications may result in delays in the processing of your claim.

Section A: Worker's information

	Customer care number	WorkSafeBC claim number	
Worker's last name	First name		Middle initial
Address line 1	Preferred first name		
Address line 2	City		Province/state
Phone number (include area code)	Country (if not Canada)		Postal code/zip
Worker's current occupation			
Date of birth (yyyy-mm-dd)	Gender ☐ Male ☐ Female	Business phone number (include area code)	Extension
Social insurance number	Personal health number (BC Services card/CareCard)		

Section B: Employer's information

Employer organization name	Operating location code	Phone number (include area code)	
Mailing address (line 1)	Type of business	City	
Mailing address (line 2)	Country (if not Canada)	Province/state	Postal code/zip

Section C

Have you had a claim with any other board or agency for hearing loss or any other hearing/ear problems?

☐ Yes ☐ No

If yes, please provide the claim number(s) and province(s) or country outside of Canada

Section D: History

Do you believe that workplace noise exposure contributed to your hearing loss?

☐ Yes ☐ No

Approximately when were you first aware of problems with your hearing? (yyyy-mm-dd)

WorkSafeBC

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Please explain what you consider to be the cause of your hearing loss

What problems do you notice with your hearing?

Are you aware of any additional causes of your hearing loss?

Have you ever had your hearing tested by

Audiologist	☐ Yes	☐ No	Your employer	☐ Yes	☐ No
Hearing aid practitioner	☐ Yes	☐ No	Other (specify)	☐ Yes	☐ No
Your physician	☐ Yes	☐ No			

If you said yes to any above, please provide specific names, addresses, and dates; also, attach copies of the hearing test(s)

Name	Address	Date (yyyy-mm-dd)

Do you or have you ever worn a hearing aid?
☐ Yes ☐ No

If yes
☐ Left ear ☐ Right ear ☐ Both

If yes, provide names of suppliers and dates of purchase

Name	Address	Date (yyyy-mm-dd)

Do you have ringing or other noises in your ears?
☐ Yes ☐ No

If yes, which ear?
☐ Right ear ☐ Left ear

If yes, when did you first notice it? (yyyy-mm-dd)

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Do your parents, children, brothers, or sisters have hearing loss? ☐ Yes ☐ No	If yes, specify who	From what age?
Has any member of your family had ear surgery? ☐ Yes ☐ No	If yes, specify who	At what age?

Have you ever had any of the following?				When?
Hearing aid	☐ Right ear	☐ Left ear	☐ No	
Ear infection	☐ Right ear	☐ Left ear	☐ No	
Ear pain	☐ Right ear	☐ Left ear	☐ No	
Ear surgery	☐ Right ear	☐ Left ear	☐ No	
Feeling of fullness in your ears	☐ Right ear	☐ Left ear	☐ No	
Sudden changes in hearing loss		☐ Yes	☐ No	
Serious head injury		☐ Yes	☐ No	
Thyroid problems		☐ Yes	☐ No	
Whiplash		☐ Yes	☐ No	
High blood pressure		☐ Yes	☐ No	
Sudden intense noise (e.g., explosion)		☐ Yes	☐ No	
Diabetes		☐ Yes	☐ No	
Heart disease/attack		☐ Yes	☐ No	
Stroke		☐ Yes	☐ No	
Kidney problems or disease		☐ Yes	☐ No	
Dizziness/balance problems		☐ Yes	☐ No	
Antibiotics by intravenous (IV)		☐ Yes	☐ No	
Serious illness (e.g., cancer, tuberculosis, malaria, meningitis)		☐ Yes	☐ No	
If yes, what was it and when did you have it?				

Section E: Firearm noise history

Have you **ever** been exposed to any firearms **outside of your work**?	☐ Yes	☐ No
Have you been required to be firearm certified for your work?	☐ Yes	☐ No
If yes, was it for: Hunting	☐ Yes	☐ No
Firing range	☐ Yes	☐ No
Target/trap/skeet shooting	☐ Yes	☐ No

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Check all types of firearms used	Number of years and dates (yyyy-mm-dd)	Shoulder shot from
☐ Rifle		☐ Right ☐ Left
☐ Shotgun		☐ Right ☐ Left
☐ Handgun		

Section F: Employment history

Age you left school	Date you retired, if applicable (yyyy-mm-dd)	Date you last worked in noise (yyyy-mm-dd)

Were you in the military service?
☐ Yes ☐ No

If yes, during what period (yyyy-mm-dd)
From to

Were you exposed to loud noise or gunfire beyond basic training?
☐ Yes ☐ No

During any of your employment years, were you self-employed?
☐ Yes ☐ No

If yes, please provide the following information:

Company name	WorkSafeBC account number

Occupation

Dates (yyyy-mm-dd)

Are you or have you been **dispatched** through a union?
☐ Yes ☐ No

Name of union	Length of time you worked through the union (yyyy-mm-dd)
	From to

Your occupation

List any jobs you were dispatched to **outside** of B.C. (include locations and time periods of each)

If you are/were a member of a labour organization, please attach a letter from the union confirming the date you joined the union, the companies you were dispatched to, and the dates you worked for those companies.

Please complete the employment and military service history on the following pages.

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Employment and military service history

1. Please type or print clearly in dark (black) ink.
2. List all employers and military service duties from the time you left school. Show all job categories held and length of time in each.
3. Start with your first employment and proceed to your most recent employment.
4. Please send additional pages if more space is required.
5. Please complete this form even if submitting a Record of Employment from Service Canada, as they may only provide you with the name of your previous employer.
6. Please sign and date the last page. A signature is required to process your application.

Employer's name, city, and province of employment	From (mm-yyyy)	To (mm-yyyy)	Industry	Occupation and job duties	Hazardous sources of noise exposure (e.g., equipment, machinery, tools, etc.)	Exposure to noise (hours/weeks)
1.						
2.						
3.						
4.						
5.						

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6.						
7.						
8.						
9.						
10.						
11.						
12.						

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13.						
14.						
15.						
16.						
17.						
18.						
19.						

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20.						

List all time periods you were not working (do not include vacation)

Please read carefully: I declare all the information I have given on this report is true and correct, and I elect to claim compensation for the above-mentioned injuries or disease. I understand it is a serious offence to knowingly make a false claim or to work and earn income while receiving workers' compensation benefits without advising WorkSafeBC (the Workers' Compensation Board). I authorize WorkSafeBC and the Workers' Compensation Appeal Tribunal to view or obtain a copy of records pertaining to my examination, treatment, history, and employment from any source whatsoever, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer. I understand the information is collected, used, and disclosed under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. I acknowledge that WorkSafeBC may obtain and disclose information from my claim to my employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

Signature	Date (yyyy-mm-dd)

Claims Call Centre
Phone 604.231.8888
Toll-free 1.888.967.5377
M–F, 8 a.m. to 6 p.m.

Fax
604.233.9777
Toll-free 1.888.922.8807

Mail
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

The Workers' Advisers Office is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims. They have offices throughout the province and can be contacted at **http://gov.bc.ca/workersadvisers** or by telephone:

Lower Mainland
Phone 604.713.0360
Toll-free 1.800.663.4261

Vancouver Island
Phone 250.952.4393
Toll-free 1.800.661.4066

Interior
Phone 250.717.2096
Toll-free 1.800.663.6695