wcb Saskatchewan Workers' Compensation Board

200-1881 Scarth Street
Regina SK S4P 4L1
www.wcbsask.com

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

HLQW

Noise Exposure Questionnaire

Name: _____ **WCB claim number:** _____

Address: _____

Phone: _____ **Date of birth:** (MM/DD/YYYY) **Social Insurance Number:** _____

Have you had a claim with any other Workers' Compensation Board or agency across Canada for hearing loss or any other hearing/ear problem? Yes ☐ No ☐

If yes, where? _____ When? (MM/DD/YYYY)

When completing this form, please write clearly. Begin with your most current or recent employer, ending with your first employer. Attach separate sheets if you need more room.

1. Current employer: _____ Type of business: _____

   City/Town/Province: _____ Phone: _____

   Employment from: (month/year) _____ (to) _____

   Occupation/job duties: _____

   _____

   Type of machinery or equipment used: _____

   _____

   Exposure to noise: (hours/shift) _____

   Type of hearing protection used: _____ How often: _____

   How was your hearing at the time? Good ☐ Bad ☐

****

2. Previous employer: _____ Type of business: _____

   City/Town/Province: _____ Phone: _____

   Employment from: (month/year) _____ (to) _____

   Occupation/job duties: _____

   _____

   Type of machinery or equipment used: _____

   _____

   Exposure to noise: (hours/shift) _____

   Type of hearing protection used: _____ How often: _____

   How was your hearing at the time? Good ☐ Bad ☐

****

When writing to the WCB, please print name and claim or firm number.

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Name: _____ **WCB claim number:** _____

3. Previous employer: _____ Type of business: _____
   City/Town/Province: _____ Phone: _____
   Employment from: (month/year) _____ (to) _____
   Occupation/job duties: _____
   _____
   Type of machinery or equipment used: _____
   _____
   Exposure to noise: (hours/shift) _____
   Type of hearing protection used: _____ How often: _____
   How was your hearing at the time? Good ☐ Bad ☐

****

4. Previous employer: _____ Type of business: _____
   City/Town/Province: _____ Phone: _____
   Employment from: (month/year) _____ (to) _____
   Occupation/job duties: _____
   _____
   Type of machinery or equipment used: _____
   _____
   Exposure to noise: (hours/shift) _____
   Type of hearing protection used: _____ How often: _____
   How was your hearing at the time? Good ☐ Bad ☐

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Name: _____ **WCB claim number:** _____

5. Previous employer: _____ Type of business: _____

City/Town/Province: _____ Phone: _____

Employment from: (month/year) _____ (to) _____

Occupation/job duties: _____

_____

Type of machinery or equipment used: _____

_____

Exposure to noise: (hours/shift) _____

Type of hearing protection used: _____ How often: _____

How was your hearing at the time? Good ☐ Bad ☐

****

6. Previous employer: _____ Type of business: _____

City/Town/Province: _____ Phone: _____

Employment from: (month/year) _____ (to) _____

Occupation/job duties: _____

_____

Type of machinery or equipment used: _____

_____

Exposure to noise: (hours/shift) _____

What type of hearing protection used _____ How often: _____

How was your hearing at the time? Good ☐ Bad ☐

****

7. When did you first notice your hearing difficulties?

_____

_____

8. Was your change in hearing: ☐ Sudden?

☐ Gradual?

If sudden, please explain: _____

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9. Have you ever had any of the following?

	Right ear	Left ear	When?
Hearing aid	☐	☐	_____
Ear infection	☐	☐	_____
Ear surgery	☐	☐	_____
Discharge from ears	☐	☐	_____
Ringing in ears	☐	☐	_____

	Yes	No	
Head injuries	☐	☐	_____
Thyroid problems	☐	☐	_____
Dizziness/balance problems	☐	☐	_____
Nasal allergies	☐	☐	_____
Heart disease/attack	☐	☐	_____
Stroke	☐	☐	_____
Diabetes	☐	☐	_____
Kidney problems	☐	☐	_____
Serious illness *(eg. cancer, meningitis, etc.)*	☐	☐	_____
High blood pressure	☐	☐	_____
Serious infections *(eg. brain/ears or infections requiring IV antibiotics etc.)*	☐	☐	_____

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10. a) Did you ever hunt or shoot for sport? Yes ☐ No ☐ _____ years

b) Were you ever in the Armed Forces? Yes ☐ No ☐ _____ years

If yes, please supply the following information:

Gun used	Calibre	Shots per year	Which years	Recreation/ Armed Forces

11. Did you wear hearing protection while gun handling? Yes ☐ No ☐

If yes, what type, how often, and what shoulder do you shoot from?

_____

12. Have you ever used any of the following outside of your work?

	Yes	No	How often
Power tools	☐	☐	_____
Outboard boat engine	☐	☐	_____
Chain saw	☐	☐	_____
Small/prop engine	☐	☐	_____
Motorcycle	☐	☐	_____
Car racing	☐	☐	_____
Amplified music/rock concerts	☐	☐	_____
Heavy equipment	☐	☐	_____
Farm machinery	☐	☐	_____
Snowmobile/ATV	☐	☐	_____

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13. Is there a history of deafness or hearing difficulties in your family? If yes, please explain.

14. Have you taken, or do you take any medication on a regular basis? If yes, please list medication and reason you are taking it.

15. List everyone you have seen for your hearing difficulties, dates of appointments and where you have had a hearing test? Please attach a copy of the test results, if available?

_____ (MM/DD/YYYY)
Signature Date