



Employment History – Hearing Loss

	Claim Number
Name	Start Date of First Employment

Breaks in Employment History

Please list any break or interruption in your work history. *We must account for all months since your first start date.*

From (Month/Year)	To (Month/Year)	Reason for Work Interruption

Employment History

Begin with your current job and list all prior employers. Include military service. Specify month and year for employment dates.

Employer Name	Phone Number
Employer Address	City State Zip Code

Job Title	From (Month/Year)	To (Month/Year)	Indicate Time Exposed to Noise in Hours per Week
Describe job duties; type of machinery, tools, materials, and equipment used; and percentage of time at duties:			

Were you exposed to loud noise on this job? Yes No

If yes, describe the noise source: _____

Would you describe the noise as: Continuous Intermittent

How many hours a day were you exposed to this job noise? _____ hours

What kind of ear protection did you use?

None Ear Muffs Plastic Ear Plugs Foam Ear Plugs Other: _____

Did you have an audiogram while working for this employer? Yes No

If yes, date(s) of audiogram(s): _____

I certify that the information is true and correct to the best of my knowledge.

Signature

Date

If additional sheets are needed, copy this page. **Begin with current job and list all prior employers including military service.**

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Employer Address	City	State	Zip Code

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