

**A. Worker's information**

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Personal health number (BC Services card/CareCard)	Date of birth (yyyy-mm-dd)	Worker's occupation	
Date worker reported last working in hazardous noise (yyyy-mm-dd)	Current amplification (if applicable)		
Date of worker's reported retirement date (yyyy-mm-dd)	Current hearing protection (if applicable)		

B. Clinic's information

Clinic	Date of service (yyyy-mm-dd)	Phone number (include area code)	
Mailing address	City	Province	Postal code
Audiologist's name	Audiologist's signature	Date of report (yyyy-mm-dd)	

C. Assessment results and recommendations

Pertinent medical history
Type and degree of hearing loss
Recommendations for amplification (if applicable)
Other recommendations (if applicable)



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- Reports must be received within five (5) business days after the completion of the evaluation.
- All audiograms must be legible.
- WorkSafeBC will not reimburse the contractor for illegible and/or incomplete documentation.
- Please send in the audiogram with a Hearing Aid Program Cover Sheet (form 83D110).
- Diagnostic evaluation — All assessments must include the following:
 - Otoscopy:
 - A statement of whether ear canals are clear, no abnormality detected (NAD), or tympanic membrane unobservable due to wax, and
 - Description of tympanic membranes if not normal
 - Immittance audiometry:
 - Ipsilateral and contralateral reflex thresholds, and
 - Air conduction thresholds at .25, .5, 1, 2, 3, 4, 6, and 8 kHz:
 - If masking is required, masked thresholds, unmasked thresholds, and masking levels must be recorded
 - Note sensorineural pure tone average of .5, 1, 2 kHz
 - Note type of earphone (inserts vs. supra-aural) used
 - Bone conduction thresholds at all relevant frequencies, including 250 Hz:
 - If masking is required, masked thresholds and masking levels must be recorded
 - Word recognition scores:
 - Including presentation levels and masking levels, if required
 - Statement of reliability

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.