Saskatchewan Workers' Compensation Board

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

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773
Email: forms@wcbsask.com

HLQW

Click on any field to start editing.

Reset form

Noise exposure questionnaire

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

Full name: _____ WCB claim number: _____

Address: _____

Phone: _____ Date of birth: _____ Social Insurance Number: _____
(mm/dd/yyyy)

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

If yes, which province? _____ WCB claim number _____

When did you first notice your hearing difficulties?

_____

_____

Was your change in hearing _____ Sudden?
_____ Gradual?

If sudden, please explain: _____

_____

Do you have buzzing or ringing in either ear? If so, how long does it last, such as constant or intermittent?

_____

With which ear(s) are you experiencing the change in your hearing?

Right ☐ Left ☐ Both ☐

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HLQW

1. Current employer: _____ Type of business: _____

City/town/province: _____ Phone: _____

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

Full time ☐ Part time ☐ Seasonal ☐

How many hours of exposure to occupational noise levels of 85db or higher were you exposed to per day? _____

Please list all equipment being operated or exposed to and how many hours they were operated.

_____

_____

_____

What type of hearing protection did you use? _____ How often? _____

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

Were hearing tests completed? Yes ☐ No ☐

2. Employer: _____ Type of business: _____

City/town/province: _____ Phone: _____

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

Full time ☐ Part time ☐ Seasonal ☐

How many hours of exposure to occupational noise levels of 85db or higher were you exposed to per day? _____

Please list all equipment being operated or exposed to and how many hours they were operated.

_____

_____

_____

What type of hearing protection did you use? _____ How often? _____

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

Were hearing tests completed? Yes ☐ No ☐

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3. Employer: _____ Type of business: _____

City/town/province: _____ Phone: _____

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

Full time ☐ Part time ☐ Seasonal ☐

How many hours of exposure to occupational noise levels of 85db or higher were you exposed to per day? _____

Please list all equipment being operated or exposed to and how many hours they were operated.

_____

_____

_____

What type of hearing protection did you use? _____ How often? _____

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

Were hearing tests completed? Yes ☐ No ☐

4. Employer: _____ Type of business: _____

City/town/province: _____ Phone: _____

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

Full time ☐ Part time ☐ Seasonal ☐

How many hours of exposure to occupational noise levels of 85db or higher were you exposed to per day? _____

Please list all equipment being operated or exposed to and how many hours they were operated.

_____

_____

_____

What type of hearing protection did you use? _____ How often? _____

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

Were hearing tests completed? Yes ☐ No ☐

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5. Employer: _____ Type of business: _____

City/town/province: _____ Phone: _____

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

Full time ☐ Part time ☐ Seasonal ☐

How many hours of exposure to occupational noise levels of 85db or higher were you exposed to per day? _____

Please list all equipment being operated or exposed to and how many hours they were operated.

_____

_____

_____

What type of hearing protection did you use? _____ How often? _____

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

Were hearing tests completed? Yes ☐ No ☐

6. Employer: _____ Type of business: _____

City/town/province: _____ Phone: _____

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

Full time ☐ Part time ☐ Seasonal ☐

How many hours of exposure to occupational noise levels of 85db or higher were you exposed to per day? _____

Please list all equipment being operated or exposed to and how many hours they were operated.

_____

_____

_____

What type of hearing protection did you use? _____ How often? _____

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

Were hearing tests completed? Yes ☐ No ☐

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Please attach extra pages if you have more work history.

(The WCB requires full work history from your first employment to date of retirement.)

7. Have you ever had your hearing tested by any of the following? If yes, provide and attach copies of the hearing test(s).

		Date	Clinic/doctor name	Address/contact details
Audiologist	☐			
Hearing aid practictioner	☐			
Family doctor	☐			
ENT specialist	☐			
Employer	☐			

8. Have you experienced any of the following?

	Yes	No	Date	Illness and treatment details
Head injuries	☐	☐		
Thyroid problems	☐	☐		
Dizziness/balance problems	☐	☐		
Nasal allergies	☐	☐		
Heart disease/attack	☐	☐		
Stroke	☐	☐		
Diabetes	☐	☐		
Cancer	☐	☐		
Kidney and dialysis	☐	☐		
Serious illness (for example, meningitis, MS, etc.)	☐	☐		
High blood pressure	☐	☐		
Serious infections (for example, brain/ears or infections requiring IV antibiotics, etc.)	☐	☐		

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9. Have you experienced any of the following?

	Right	Left	Both
Ear infection	☐	☐	☐
Dizziness/balance problems	☐	☐	☐
Ear surgery	☐	☐	☐
Ear pressure/fullness	☐	☐	☐
Ear pain	☐	☐	☐
Other? (specify)	☐	☐	☐

If yes, please provider date, specific names and addresses of facility where treatment was sought.

_____

_____

_____

_____

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

b) Were you ever in the Armed Forces? Yes ☐ No ☐ _____ # of 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 and how often?

_____

Which shoulder do you shoot from?

Right ☐ Left ☐

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

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

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 medications on a regular basis? If yes, please list medication and reason you are taking it.

_____

_____

_____

_____

I hereby declare that the information I have provided in this document is true, accurate and correct to the very best of my knowledge, and by signing this document, I hereby verify the truth of the contents contained herein. I understand that criminal prosecution may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Please print and sign form before mailing/faxing.

_____ _____ _____

Date (mm/dd/yyyy) Printed name Signature