

NOTIFICATION OF OCCUPATIONAL NOISE INDUCED HEARING LOSS

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Detail of Notifier
(Regulation 7(2) Registered Medical Practitioner)

Name

Designation

Address of clinic/hospital

Contact no. _____

Part B - Affected person

Name

Date of birth _____ New IC/Passport no. _____
DD MM YY

Nationality _____ Gender ☐ Male ☐ Female

Ethnic group _____ Occupation _____

Name and address of organization

District _____ State _____

Location of incident _____

Part C - Occupational Noise Induced Hearing Loss (NIHL) Disease

Date of diagnosis _____
DD MM YY

Diagnosis/Provisional diagnosis _____

Part D

a) What kind of work did the patient do which may be associated with the disease?
(Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

1. Date of examination DD MM YY
 - -

2. Source of cases

- ☐ ENT clinic
☐ Occupational Health Clinic
☐ Health Clinic (*Klinik Kesihatan*)
☐ Other Specialist Clinic (please specify): _____
☐ Others (please specify): _____

3. Symptoms of Noise induced Hearing Loss (NIHL)

Symptoms	Side (ear)	Duration of symptoms
<input type="checkbox"/> Hearing loss	R/L	_____ Days/weeks/months/years
<input type="checkbox"/> Tinnitus	R/L	_____ Days/weeks/months/years
<input type="checkbox"/> Dizziness/ Vertigo		_____ Days/weeks/months/years
<input type="checkbox"/> Others (please specify): _____		

4. Type of NIHL

- ☐ Acoustic trauma Type: _____ Date: _____
☐ Chronic effect

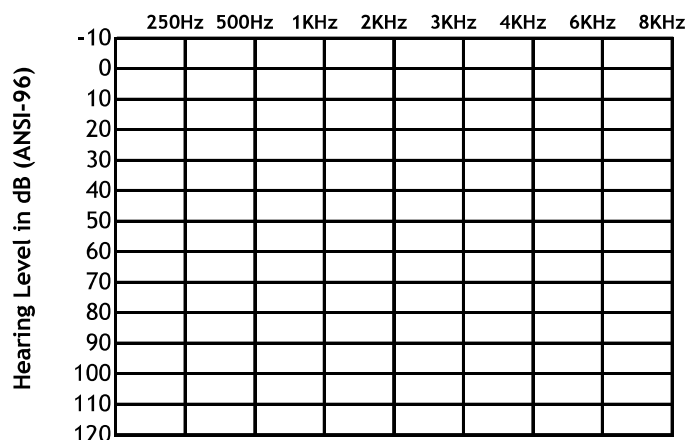
5. Relevant job(s)

Type of work/industry	Job title	Noise exposure level (if available)	Duration of employment (by years, months or days)

6. Otological findings:

- | | |
|--|---|
| <p>Right ear</p> <p><input type="checkbox"/> Normal findings</p> <p><input type="checkbox"/> Abnormal findings (specify) _____</p> | <p>Left ear</p> <p><input type="checkbox"/> Normal findings</p> <p><input type="checkbox"/> Abnormal findings (specify) _____</p> |
|--|---|

7. Pure Tone Audiometry



		Right (red)	Left (blue)
Air:	Unmasked	○	x
	Masked	△	□
Bone:	Unmasked	□	△
	Masked	○	x

Audiogram performed by: _____ (Job Title)

Audiogram evaluated by: _____ (Job Title)

8. Diagnosis of occupational NIHL

☐ Suspected ☐ Confirmed

9. Recommendation

- ☐ Referral to Audiologist for rehabilitation
- ☐ Referral to Audiologist for confirmatory PTA
- ☐ Referral to ENT clinic for confirmatory PTA
- ☐ Others (please specify): _____

10. Usage of hearing protection device

<input type="checkbox"/> Constant usage during exposure	<input type="checkbox"/> Not using at all although provided
<input type="checkbox"/> Partial usage	<input type="checkbox"/> Not provided

11. Existing control

- ☐ Engineering Control
- ☐ Standard Operating Procedure (SOP)
- ☐ Hearing Conservation Programme
- ☐ Personal Protective Equipment (PPE)
- ☐ Other (please specify): _____