

NOTIFICATION OF OCCUPATIONAL NOISE INDUCED HEARING LOSS

Send to:
 Pengarah Kesihatan Negeri
 Jabatan Kesihatan Negeri _____

Part A - 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)

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
 Constant usage during exposure Not using at all although provided
 Partial usage Not provided

11 Existing control measure at workplace
 Engineering Control
 Standard Operating Procedure (SOP)
 Hearing Conservation Programme
 Personal Protective Equipment (PPE)
 Others (please specify) : _____