

A. Worker information			
Last name	First name		
Address (number, street, apartment, suite, unit)			
City/Town	Province	Postal code	
Telephone number	Email address	Date of birth (dd/mmm/yyyy)	Social Insurance Number
Miner's certificate number or payroll number		Language preference	
1. When did you first notice loss of hearing? Date (dd/mmm/yyyy) _____			
Was the change in your hearing _____ gradual or sudden?			
When did you first seek medical attention for your hearing loss? Date (dd/mmm/yyyy) _____			
Are you bothered by ringing in your ears? Yes No			
How long have you had ringing in your ears? _____			
Is the ringing in your ears constant and/or severe? constant severe both			
2. Do you have a hearing aid? Yes No			
When did you first receive hearing aids (if applicable)? _____			
Have you ever been assessed by an Ear, Nose and Throat specialist (ENT)? Yes No			
If yes, please provide the name, address and phone number of the Ear, Nose and Throat specialist.			
Assessment date (dd/mmm/yyyy) _____			
Have you ever had your hearing tested? Yes No			
If yes, please provide the name, address and phone number of this clinic.			
Test date (dd/mmm/yyyy) _____			
3. Are you currently employed? Yes No			
If yes, please provide the name, address and phone number of your employer.			
Do you still work in hazardous noise conditions? Yes No			
Have you ever worked in an area where decibel (db) levels were posted? Yes No			
If yes, please provide the name, address and phone number of the employer.			
If yes, please provide the years worked _____ and decibel level _____			

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.  
 Ce document est disponible en français sous le titre : *Rapport de la travailleuse ou du travailleur (déficience auditive due au bruit en milieu de travail)*, 0032B (04/23)



**C. Please provide your entire work history (continued)**

<b>3.</b>	Employer's name	Address and province		
	Employment dates From _____ To _____	Job title		
	Equipment used	Exposure hours per day		
	Ear Protection? Yes    No	Where in the building were you exposed to noise?	Is employer still in business? Yes    No	

<b>4.</b>	Employer's name	Address and province		
	Employment dates From _____ To _____	Job title		
	Equipment used	Exposure hours per day		
	Ear Protection? Yes    No	Where in the building were you exposed to noise?	Is employer still in business? Yes    No	

<b>5.</b>	Employer's name	Address and province		
	Employment dates From _____ To _____	Job title		
	Equipment used	Exposure hours per day		
	Ear Protection? Yes    No	Where in the building were you exposed to noise?	Is employer still in business? Yes    No	

Please provide the name of your union (if you are a member)		Local number
Contact person		Telephone

**D. Declaration and consent**

- I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury/illness; and
- I authorize any health professional who treats me to provide me, my employer and the WSIB with information about my functional abilities on the WSIB's "Functional abilities form for planning early and safe return to work"; and
- I consent to allowing the WSIB to disclose my Social Insurance Number to my previous employers, if necessary, for the purpose of confirming my past employment.
- I declare all of the above information is true and correct.

By signing below, I agree with all of the above statements.

Signature	Date (dd/mmm/yyyy)
-----------	--------------------

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

**E. Freedom of information and protection of privacy provisions**

Personal information about you will be collected throughout your claim under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used to administer the Workplace Safety and Insurance Act, 1997, your claim and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the *Income Tax Act*. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers, and others as authorized by the *Workplace Safety and Insurance Act* and the *Freedom of Information and Protection of Privacy Act*. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Questions should be directed to the decision maker responsible for your file.

A more detailed Privacy Statement for workers may be found at [wsib.ca](http://wsib.ca) or by calling toll free at 1-800-387-0750