

**CHECKLIST FOR FILING
FEDERAL OCCUPATIONAL HEARING LOSS CLAIM**

1. List your employment history by employer, job title, and inclusive dates. Include non-federal employment and military service. **Use attached form.**

2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided. **Use attached form.**

3. Give history of any previous ear or hearing problems.

4. Describe any hobbies that involve exposure to loud noise.

5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.

6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.

7. State whether a claim for workers' compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.

8. Give the date you first noticed your hearing loss.

A. Give the date you first related hearing loss to employment, and reason why.

Employee Signature: _____ **Date:** _____