**NOTIFICATION OF OCCUPATIONAL NOISE INDUCED HEARING LOSS**

Location of incident

State

District

Name and address of organization

Female

Gender

Male

Occupation

YY

MM

DD

New IC/Passport no.

Name

Date of birth

**Part B - Affected person**

/ /

Contact no.

Designation

Address of clinic/hospital

Name

**Part A - Detail of Notifier**

(Regulation 7(2) Registered Medical Practitioner)

Send to:

Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri

# (JKKP 7)

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| --- | --- | --- | --- |
| **Part C - Occupational Noise Induced Hearing Loss (NIHL) Disease** | | | |
| Date of diagnosis  Diagnosis/Provisional diagnosis | DD | / /  MM | YY |

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

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

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

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

(Describe the work activities)

**Part D**

Nationality

Ethnic group

### Signature of Notifier

Date

Name and address of attenfing doctor (Official Stamp)

1. Date of examination

DD MM YY

- -

1. Source of cases

ENT clinic

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Occupational Health Clinic Health Clinic *(Klinik Kesihatan)*

Other Specialist Clinic (please specify): Others (please specify):

1. Symptoms of Noise induced Hearing Loss (NIHL)

Symtopms

Side (ear)

Duration of symptoms

Hearing loss Tinnitus Dizziness/ Vertigo

Others (please specify):

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R/L R/L

Days/weeks/months/years Days/weeks/months/years Days/weeks/months/years

1. Type of NIHL

Acoustic trauma Chronic effect

1. Relevant job(s)

Type:

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of work/industry** | **Job title** | **Noise exposure level**  **(if available)** | **Duration of employment**  (by years, months or days) |
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1. Otological findings: Right ear

Normal findings

Abnormal findings (specify)

Left ear

Normal findings

Abnormal findings (specify)

1. Pure Tone Audiometry

-10

0

**Hearing Level in dB (ANSI-96)**

10

20

30

40

50

60

70

80

90

100

110

120

**250Hz 500Hz**

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**1KHz**

**2KHz**

**3KHz**

**4KHz**

**6KHz**

**8KHz**



Bone: Unmasked Masked

**X**

Air: Unmasked Masked

Right(red) Left (blue)

Audiogram performed by: Audiogram evaluated by:

(Job Title) (Job Title)

**WEHU - E2 (cont'd)**

## Diagnosis of occupational NIHL

Suspected Confirmed

1. Recommendation

Referral to Audiologist for rehabilitation Referral to Audiologist for confirmatory PTA Referral to ENT clinic for confirmatory PTA

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Others (please specify):

1. Usage of hearing protection device

Constant usage during exposure Partial usage

1. Existing control

Engineering Control

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Standard Operating Procedure (SOP) Hearing Conservation Programme Personal Protective Equipment (PPE) Other (please specify):

Not using at all although provided Not provided