

HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Kod Dokumen: HSAAS/UKA/BR46

NOTIFICATION OF OCCUPATIONAL NOISE INDUCED HEARING LOSS FORM

WEHU - E1 (JKKP 7)

	(JKKP 7)					
Send to:	Part B - Affected person					
Pengarah Kesihatan Negeri	Name					
Jabatan Kesihatan Negeri						
	Date of birth / / DD MM YY					
Part A - Detail of Notifier	New IC/Passport no.					
(Regulation 7(2) Registered Medical Practitioner)	Nationality					
Name	Gender Male Female					
	Occupation					
	Ethnic group					
Designation	Name and address of organization					
Address of clinic/hospital						
	District State					
	Location of incident					
Contact no.						
Part C - Occupational Poisoning/Disease						
Date of diagnosis / /						
DD MM	YY					
Diagnosis (Drawisional diagnosis						
Diagnosis/Provisional diagnosis						
Pa	rt D					
a) What kind of work did the patient do which may b	be associated with the disease?					
(Describe the work activities)						
b) What was the hazard or agent been exposed to th	e patient?					
b) What was the hazard or agent been exposed to th	e patient?					
b) What was the hazard or agent been exposed to thec) How long had the patient been exposed to the haz						
c) How long had the patient been exposed to the ha	zard or agent?					
	zard or agent?					
c) How long had the patient been exposed to the ha	zard or agent? symptoms?					
c) How long had the patient been exposed to the ha	zard or agent?					

1.	Date of examination	DD MM	YY	
2.	Source of cases ENT clinic Occupational Heal Health Clinic <i>(Klin</i> Other Specialist Cl Others (please special	ik Kesihatan) inic (please specify)		
3.	Symptoms of Noise induced H Symptoms Hearing loss Tinnitus Dizziness/ Vertigo Others (please spe	Si	ide (ear) R/L R/L	Duration of symptoms Days/weeks/months/years Days/weeks/months/years Days/weeks/months/years
4.	Type of NIHL Acoustic trauma Chronic effect	Тур	e:	Date:
5.	Relevant job(s) Type of work/industry	Job title	Noise exposure le (if available)	evel Duration of employment (by years, months or days)
6.	Ontological findings Right ear D Normal findings Abnormal findings	(specify)		findings al findings (specific)
7.	Pure Tone Audiometry -10 -10 -10 -10 -10 -10 -10 -10 -10 -1	Iz 2KHz 3KHz 4KH	Iz 6KHz 8KHz	
Audi	ogram performed by: —			(Job Title) -

Audiogram evaluated by:

8.	Diagnosis	iagnosis of occupational NIHL						
		Suspected Confirmed						
9.	Recomme	ndation						
		Referral to Audiologist for rehabilitation Referral to Audiologist for confirmatory PTA Referral to ENT clinic for confirmatory PTA Others (please specify):						
10.	0. Usage of hearing protection device							
		Constant usage during exposure Partial usage		Not using at all although provided Not provided				
11. Existing control								
		Engineering Control Standard Operating Procedure (SOP) Hearing Conservation Programme Personal Protective Equipment (PPE) Other (please specify):						