



OMS No. 1215-0103
 Expires: 10-31-99

NAME:
 FILE NUMBER:

I. HISTORY:

(A) Our adjudication and possible awards are based solely on the fact of causality of all or a portion of the loss arising from exposure related to Federal Civilian employment. The only history of noise exposure on which this case can be legitimately adjudicated is that defined by the Statement of Accepted Facts. If there is any variance in the history as given by the patient and that contained in the Statement of Accepted Facts, it should be carefully considered and commented upon, but the opinion you render must be based solely on the Statement of Accepted Facts.

IS THERE ANY SIGNIFICANT VARIATION FROM THE STATEMENT OF ACCEPTED FACTS?

(B) Please comment on this patient's hearing at the beginning of his/her significant noise exposure in Federal civilian employment, if audiometric data is available.

(C) Compare, if possible, the present audiometric findings to those at the beginning of exposure. Does this individual show a sensorineural loss that is in excess of what would be normally predicted on the basis of presbycusis?

(D) Was the workplace exposure, as described in the material provided, sufficient as to intensity and duration to have caused the loss in question?

(E) Please provide all other relevant historical facts, (such as other noise exposure) emotional disorders, systemic diseases, (such as diabetes) local infections, ototoxic drug usage, surgery, etc. as they relate to this individual's hearing loss sensorineural or conductive.

Public Burden Statement

The information provided will be used to determine eligibility to benefits and is required to obtain a benefit (5 USC 8101 et seq.) (PL 99-500). Public reporting burden for this collection of information is estimated to vary from 15 to 45 minutes per response with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMS control number.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Form CA-1332
 Rev. Jan. 1997

II. PHYSICAL EXAM

Please make this as extensive as necessary in line with any findings bearing on this individual's hearing loss. If only a minimal note is required, please include at least the following:

Describe the canals and drums.

Drum Mobility:

Result of Basic Jack tests:

Is there indication of any medical condition such as an acoustic neuroma or meniere's disease? Please explain.

Other:

III. OPINION

DIAGNOSIS: _____

If sensorineural or mixed, complete the following:

The sensorineural hearing loss seen is, in part or all, in my opinion

DUE

NOT DUE

to noise exposure encountered in this claimant's Federal civilian employment.

Medical rationale supporting the above position:

Recommendations:

Signature of Physician _____