WORKERS' COMPENSATION BOARD
Northwest Territories and Nunavut

Workers' Report of Industrial Deafness

PLEASE COMPLETE AND RETURN TO THE ADDRESS ON THE BACK OF THIS FORM.

PLEASE PRINT CLEARLY						CLAIM NUMBER	
LAST NAME						PRESENT EMPLOYER'S NAME	
FIRST NAME(S)						EMPLOYER'S MAILING ADDRESS - INCLUDE POSTAL CODE & PHONE NUMBER	
MAILING ADDRESS - INCLUDE POSTAL CODE							
						YOUR PRESENT OCCUPATION	
						GIVE NAME AND ADDRESS OF EMPLOYER WHERE YOU CLAIM YOU WERE LAST EXPOSED TO HIGH NOISE LEVELS – INCLUDE POSTAL CODE & PHONE NUMBER	
SOCIAL INSURANCE NUMBER			PHONE - INCLUDE AREA CODE:				
DATE OF BIRTH	DAY	MONTH	YEAR	MARITAL STATUS	NO. OF CHILDREN	OCCUPATION	IF OFF WORK NOW, GIVE DATE OF LAYOFF

GIVE FULL PARTICULARS OF YOUR EXPOSURE TO HIGH NOISE LEVELS SHOWING NAMES OF EMPLOYERS WITH DATES OF PERIOD OF EMPLOYMENT WITH EACH EMPLOYER. INCORRECT INFORMATION WILL DELAY YOUR CLAIM.

IN THE NORTHWEST TERRITORIES

EMPLOYER'S NAME AND ADDRESS	PERIOD FROM	PERIOD TO	TYPE OF EXPOSURE AND OCCUPATION
	YEAR	YEAR	
	YEAR	YEAR	
	YEAR	YEAR	
	YEAR	YEAR	

OUTSIDE THE NORTHWEST TERRITORIES

EMPLOYER'S NAME AND ADDRESS	PERIOD FROM	PERIOD TO	TYPE OF EXPOSURE AND OCCUPATION
	YEAR	YEAR	
	YEAR	YEAR	

PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU MAY HAVE

FOR YOUR PROTECTION, COMPLETE, SIGN ON REVERSE AND RETURN THIS REPORT

1. When were you first aware of problems with your hearing? Did you report this to your employer? If so, when and to whom did you report?

2. Have you ever worn a hearing aid? If yes, state date and place purchased.

3. Have you ever been exposed to a blast or loud explosion? Please provide details.

4. a) Did you ever serve in the Armed Forces? ☐ Yes ☐ No
   b) Please provide service number ______________________________
   c) Do you receive any pension with regards to your hearing difficulties? ☐ Yes ☐ No
   d) Were you exposed to gunfire? If so, please explain.

5. Have you ever had your hearing tested? If so, state when and who gave you the test.

6. Have you, or do you intend to file a claim with any other Board for hearing loss? Please provide details.

7 Have you been exposed to any loud noises, other than your occupation, such as hunting, snowmobiling, musical instruments, etc.? If so, give details.

8. Have you lost any time from work on account of your hearing difficulties? If so, please provide the dates.

9. State your current rate of pay: $ Per:	Number of hours you work per week:
Number of hours per day:	Specify your usual days off:

10. Have you ever had any disease or medical condition associated with hearing loss? If so, please specify. ☐ Yes ☐ No

11. Other remarks. Please add any additional comments you may have that would assist in the adjudication of your claim.

PLEASE ENSURE THAT BOTH SIDES OF THIS FORM HAVE BEEN COMPLETED IN DETAIL

I declare that the information is true and correct and I claim compensation accordingly.

DATE

SIGNATURE

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