Fill in this form so we can work out what help we can give you for your hearing loss.

When you’ve finished, return this form to your audiologist.

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| 1. Your details | | | |
| Your name: | | Claim number: | |
| Contact number: | | Date of birth: | |
| Country of Birth: | | Date of NZ residency (if not born in NZ): | |
| Address: | | Email address: | |
| Your current employment status: | employee | self-employed | retired or not working |
| If you’re employed, who is your current employer? | | | |
| If you’re retired or you’re not working any more, the date you stopped working: | | | |

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| 2. Medical information and medical history | | |
| If you have a copy of any hearing test results, please provide copies to your audiologist. | | |
| What date did you first notice you had a problem with your hearing? | |  |
| Have you had a recent hearing test?  Yes  No  Which clinic were you seen at? | | |
| Have you been assessed anywhere else?  Family doctor  Hearing clinic – testing  Occupational nurse or GP at your workplace  Specialist (Ear, nose and throat)  Other | | |
| Please provide name of provider and approximate dates: |  | |
| Have any of your family had hearing loss? e.g., parents, children, brothers or sisters | Yes  No  Family member relationship? | |
| What was the cause of their hearing loss, if known? |  | |
| Have you ever had any of the following?  Ear surgery, injury or infection  Yes  No  Serious head injury  Yes  No  Stroke  Yes  No  Diabetes  Yes  No  Chemotherapy/radiation treatment  Yes  No  Kidney failure  Yes  No  Tuberculosis  Yes  No  Meningitis  Yes  No | Treatment Details (when, who, place of treatment): | |

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| **3. Recreational noise history** | | |
| Have you ever been exposed to any noisy recreational or life activities that occur frequently (more than every 2 weeks)? e.g., firearms usage or playing in a band | | |
| Noisy activity: | How often did you use hearing protection? | Details (when, how often. If firearm use, **which side did you shoot from**): |
|  | Always  Sometimes  Never |  |
|  | Always  Sometimes  Never |  |
|  | Always  Sometimes  Never |  |

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| 4. Work history details | | | | | |
| **Please provide your FULL work history, starting from time you left school until the present day (or until you retired), for every job that you’ve done in New Zealand and overseas, whether you were working for an employer or for yourself. We do not require specific employers just the industry you worked in for example: mechanic, carpentry.** | | | | | |
| Have you ever served in NZ Defence Force?  Yes  No | Which service did you work in?  Army / Navy / Air Force | | What is your service number? | What years did you serve? | |
| Questions about your work | Job 1 | Job 2 | | | Job 3 |
| What type of work or industry did you work in? eg farming, construction, mining |  |  | | |  |
| What years did you work in this industry  e.g. 1970 – 2012? |  |  | | |  |
| Was this work in New Zealand? | Yes  No | Yes  No | | | Yes  No |
| If no, did you pay New Zealand income tax on your earnings? | Yes  No | Yes  No | | | Yes  No |
| What were the main noises you were exposed to? |  |  | | |  |
| Did you have to shout to be heard? | Yes  No | Yes  No | | | Yes  No |
| Did you wear hearing protection? | Always  Sometimes  Never | Always  Sometimes  Never | | | Always  Sometimes  Never |
| What type did you wear? | Earmuffs  Ear plugs | Earmuffs  Ear plugs | | | Earmuffs  Ear plugs |

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| 4. Work history details, continued. | | | |
| **Please provide your FULL work history, starting from time you left school until the present day (or until you retired), for every job that you’ve done in New Zealand and overseas, whether you were working for an employer or for yourself. We do not require specific employers just the industry you worked in for example: mechanic, carpentry.** | | | |
| Questions about your work | Job 4 | Job 5 | Job 6 |
| What type of work or industry did you work in? eg farming, construction, mining |  |  |  |
| What years did you work in this industry  e.g., 1970 – 2012? |  |  |  |
| Was this work in New Zealand? | Yes  No | Yes  No | Yes  No |
| If no, did you pay New Zealand income tax on your earnings? | Yes  No | Yes  No | Yes  No |
| What were the main noises you were exposed to? |  |  |  |
| Did you have to shout to be heard? | Yes  No | Yes  No | Yes  No |
| Did you wear hearing protection? | Always  Sometimes  Never | Always  Sometimes  Never | Always  Sometimes  Never |
| What type did you wear? | Earmuffs  Ear plugs | Earmuffs  Ear plugs | Earmuffs  Ear plugs |

Please continue on a separate piece of paper or print this page again to capture additional jobs.

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| 6. Your comments |
| Please tell us anything else you’d like us to know about your hearing loss and how it impacts you on a day-to-day basis: |

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| --- | --- |
| 7. Declaration and signature | |
| I confirm that to the best of my knowledge, all the information I’ve provided on this form is true and correct. I authorise ACC to contact the hospitals, doctors, specialists, or employers listed on this form if more information is needed to help make a decision about my claim. | |
| Signature: | Date: |
| Client representative’s name if signing on behalf of the client: | Relationship to the client, e.g., friend, partner: |
| Client representative’s signature: | Date: |

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