MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*		ISSUANCE DATE
OCCUPATIONAL HEALTH PROGRAM	NAVHOSPPNCLAINST 6260.2G	01 Jul 2015

LOCAL FORM TITLE *(Optional)*
HEARING CONSERVATION PROGRAM SUPERVISOR NOTICE

Work Location / Code: _____

Date of Notification: _____

☐ This notice is to inform you that your employee referenced below has experienced a decrease in hearing (significant threshold shift). The change in hearing has been confirmed by an audiologist and/or physician. The individual has been refitted with hearing protection, instructed in its care and use, and strongly encouraged to wear the hearing protection. Please monitor your personnel to ensure compliance with hearing conservation program requirements.

☐ Right Ear ☐ Left Ear ☐ Both Ears

_____

☐ This notice is to inform you that the significant threshold shift(s) referenced above is/are "OSHA recordable" in the:

☐ Right Ear ☐ Left Ear ☐ Both Ears

A significant threshold shift is considered an OSHA recordable workplace injury when an audiologist and/or physician confirms the shift is consistent with an occupational origin, and hearing thresholds for the affected ear(s) average 25 decibels or greater (when averaged at 2000, 3000 and 4000 Hertz). Unit Command Safety Officers must ensure that OSHA recordable significant threshold shifts are annotated on the Command's OSHA 300 Log and also reported to the Naval Safety Center via WESS or ESAMS.

This information is confidential and therefore, is not to be discussed or shared with non-authorized personnel.

Comments:

Original: Medical Record
Copies: Safety
Employee's Supervisor

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	