



YUKON WORKERS'
COMPENSATION
HEALTH AND
SAFETY BOARD

401 STRICKLAND STREET
WHITEHORSE, YUKON
Y1A 5N8
TEL: (867) 667-5645
FAX: (867) 393-6279
TOLL FREE 1-800-661-0443

Worker Report of Hearing Loss Employment Record

Worker's Surname

First Name

Middle Name

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Instructions:

1. Give full detail of your exposure to high noise levels, showing the names and addresses of employers with dates showing length of time in each.
2. In completing this form, start with your most recent employer and work back in time.
3. Provide proof of employment for each employer.

Please Print Clearly

Employer's Name	Dates	Title and Job Description
1.		
2.		
3.		
4.		
5.		



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Employer's Name	Dates	Title and Job Description
6.		
7.		
8.		
9.		
10.		
11.		
12.		