

Precedent Only

## In the District Court of New South Wales

### Application for Medical Panel – Boilermakers Deafness

In the matter of the Workplace Injury Management and Workers Compensation Act  
1998

Worker:

AND

Employer:

Application is hereby made for referral of a medical dispute to a Medical Referee or Medical Panel as to the following questions, making the necessary calculations in accordance with N.A.L. procedure table dated 31 October 1974 and the supplement thereto dated 21 July 1975 –

- a) Has the worker total or partial loss of hearing of either ear due to boilermaker's deafness or any deafness of the like origin?
- b) If so, what percentage diminution of hearing of each ear does such hearing loss constitute -
  - i) Without making any deduction therefrom in respect of presbycusis?
  - ii) After deduction, in the case of partial deafness of an ear, of an allowance under section 70 of the 1987 Act in respect of presbycusis of one-half decibel for each complete year of the worker's age in excess of 50 years?
- c)
  - i) Does the worker suffer from any loss of hearing of either ear due to some conditions other than the condition known as boilermaker's deafness or any deafness of the like origin?
  - ii) What is the nature of that condition or those conditions?
  - iii) What percentage diminution of hearing of each ear is constituted by such condition or conditions?

A copy of a medical practitioner's report of the examination of the applicant relevant to the medical dispute is attached.

The particulars herein are declared to be correct.

Signed:

Worker/Employer/Insurer/Worker's Solicitor/Insurer's Solicitor (delete whichever is irrelevant)

Date:

**Note – The role of a Medical Panel is to act in accordance with legislative requirements and not to provide medical advice or treatment.**

## Particulars

1.
  - a) Worker's surname and given names:
  - b) Street address, suburb and State:
  - c) Day, month and year of birth:
  - d) Male/Female:
  - e) Workers' telephone number:
  - f) Workers' Solicitors (if applicable):
  - g) Solicitors' Address:
  - h) Solicitors' telephone number:
2.
  - a) Name and place of business of employer:
  - b) Nature of business of employer:
  - c) Employer's telephone number:
3.

Date when claim for compensation was made upon the employer:
4.
  - a) Name and address of insurer of employer:
  - b) Insurer's telephone number:
  - c) Insurer's solicitors (if applicable):
  - d) Solicitor's address:
  - e) Solicitor's telephone number:
5.
  - a) Has the medical practitioner's report (of which a copy is attached) of the examination of the applicant relevant to the medical dispute been furnished to the other party?
  - b) Was the report furnished to that party within 30 days of being received from the medical practitioner?

- c) If it was not so furnished within that time, what circumstances are submitted under section 122(4) of the 1998 Act as justifying referral of the dispute to a medical panel?

6.

- a) State the names and addresses of all medical practitioners who have treated or examined the worker in respect of the injury:
- b) Has the worker received medical treatment for any condition of either ear or for any loss of hearing?

7.

- a) Is the worker fit to travel?
- b) If not, give details:

8.

- (a) Has the worker been examined at any time by a Medical Referee or Panel pursuant to the 1987 or 1998 Act or by a Medical Board pursuant to the 1926 Act in respect of loss of hearing?

- (b) If yes, give Medical Panel or Board reference number:

9.

- a) Have any proceedings in respect of compensation been taken in relation to this or any earlier loss of hearing suffered by the worker?
- b) If yes, give court reference number:

10.

- a) Does the worker require the services of an interpreter?
- b) If so, what is the workers preferred language?

### **Further Particulars**