

Date:

Subj: NOTIFICATION OF SIGNIFICANT THRESHOLD SHIFT

1. This written notification of significant threshold shift is provided in accordance with OPNAV 5100.23 series, the Navy's primary Occupational Safety and Health Instruction for forces ashore, and OPNAVINST 5100.19 (Series) for forces afloat.
2. Results of follow-up evaluation(s) provided to you as part of the Hearing Conservation Program indicate that you have sustained deterioration in hearing sensitivity, also known as significant threshold shift (STS) in your () left ear () right ear () both ears. This means your hearing has worsened since your reference audiogram was established. Possible causes for this have been discussed with you and are indicated below:

- | | |
|-------------------------------|--------------------------------|
| _____ a. Noise exposure | _____ c. Ear disease or trauma |
| _____ b. Normal aging process | _____ d. Other (see remarks) |

Remarks:

The following steps have been taken in response to your change in hearing:

- _____ a. Repeat audiogram in _____ months.
- _____ b. Re-establish reference audiogram based on current results.
- _____ c. Evaluation/counseling by an audiologist.
- _____ d. Referral to ear specialist (otolaryngologist), (civilians should follow up with their private medical doctor).
- _____ e. Written notification to your supervisor of the change in your hearing.
- _____ f. Other:

Continued deterioration of your hearing could significantly interfere with your ability to communicate. Routine use of personal hearing protectors during exposure to hazardous levels of occupational as well as non-occupational noise is therefore very important to safeguard your remaining hearing. If you have any questions regarding the identification of sound levels you may be exposed to, please contact me.

Your Name, Title

I have been counseled concerning possible causes for my change in hearing and my responsibilities under the Hearing Conservation Program:

Name:

Last 4 SSN:

Signature Block