

**WORKERS' COMPENSATION AND  
REHABILITATION ACT 1981**

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**WORKERS' COMPENSATION  
AND REHABILITATION  
REGULATIONS 1982**

**REPRINTED AS AT 30 APRIL 1992**

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WESTERN AUSTRALIA

WORKERS' COMPENSATION AND REHABILITATION  
ACT 1981

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REGULATIONS 1982**

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WORKERS' COMPENSATION AND REHABILITATION ACT 1981

**WORKERS' COMPENSATION AND  
REHABILITATION REGULATIONS 1982**

**PART 1—PRELIMINARY**

*[Heading inserted in Gazette 26 February 1991 p. 933.]*

**Citation**

1. These regulations may be cited as the *Workers' Compensation and Rehabilitation Regulations 1982*'.

*[Regulation 1 amended in Gazette 8 March 1991 p. 1071.]*

**Commencement**

2. These regulations shall come into operation on the date of the coming into operation of the *Workers' Compensation and Assistance Act 1981*'.

*[3. Repealed in Gazette 2 September 1988 p. 3464.]*

**PART 2—GENERAL**

*[Heading inserted in Gazette 26 February 1991 p. 933.]*

**Form of election**

4. The form of election referred to in section 24B of the Act shall be in Form 1 in Appendix I.

*[Regulation 4 amended in Gazette 26 February 1991 p. 934.]*

**Determination form for medical panel**

5. Pursuant to section 38 (2) of the Act, the form of the determination of the medical panel shall, as far as practicable in each case, be as set out in Form 2 in Appendix I.

**Form of notice of occurrence of disability**

6. Form 2A in Appendix I is the prescribed form under section 130 (1) (a) of the Act.

*[Regulation 6 inserted in Gazette 28 June 1991 p. 3291.]*

**Form of claim for compensation**

6AA. Form 2B in Appendix I is the prescribed form under section 130 (1) (b) of the Act.

*[Regulation 6AA inserted in Gazette 28 June 1991 p. 3291.]*

**Form of medical certificate**

6A. Form 3 in Appendix I is the prescribed form under sections 57A (1) (b) (i) and 57B (1) (b) (i) of the Act.

*[Regulation 6A inserted in Gazette 8 March 1991 p. 1071.]*

**Form for insurer accepting liability**

6B. Form 3A in Appendix I is the prescribed form under section 57A (3) (a) of the Act.

*[Regulation 6B inserted in Gazette 8 March 1991 p. 1071.]*

**Form for insurer disputing liability**

6C. Form 3B in Appendix I is the prescribed form under section 57A (3) (b) of the Act.

*[Regulation 6C inserted in Gazette 8 March 1991 p. 1071.]*

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**Form for insurer undecided on liability**

6D. Form 3C in Appendix I is the prescribed form under section 57A (3) (c) of the Act.

*[Regulation 6D inserted in Gazette 8 March 1991 p. 1071.]*

**Form for employer disputing liability**

6E. Form 3D in Appendix I is the prescribed form under section 57B (2) (b) of the Act.

*[Regulation 6E inserted in Gazette 8 March 1991 p. 1071.]*

**Form for employer undecided on liability**

6F. Form 3E in Appendix I is the prescribed form under section 57B (2) (c) of the Act.

*[Regulation 6F inserted in Gazette 8 March 1991 p. 1071.]*

**Certificate and notice before discontinuance of weekly payments**

7. (1) The medical certificate required by section 61 of the Act, before discontinuance of weekly payments, shall be in the form of Form 4 in Appendix I.

(2) Note to the worker referred to in section 61 of the Act shall be in the form of Form 5 in Appendix I.

**Frequency and time of medical examinations**

8. (1) A worker in receipt of weekly payments under the Act shall be required, after a period of one month has elapsed from the date on which the first weekly payment of compensation was made, to submit himself for examination by a medical practitioner provided by the employer not more frequently than once in every 2 weeks whilst he continues to receive the weekly payments.

(2) A worker in receipt of weekly payments under the Act shall be required to submit himself for examination by a medical practitioner provided by the employer during reasonable hours only.

**Compound discount tables**

9. The compound discount table required to be prescribed by section 68 (1), (2) and (3) of the Act is set out in Appendix II.

*[Regulation 9 amended in Gazette 2 September 1988 p. 3464.]*

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**Discount formula**

9A. When calculating a lump sum redemption under section 68 of the Act the following formula shall be applied for use in conjunction with a compound discount table as set out in Appendix II.

**DISCOUNT FORMULA UNDER SECTION 68 (4)**

Discounted sum =  $P \times 52 \times A$

Where—

S = prescribed amount less the sum of weekly payments made

P = the weekly payment

$$T = \frac{S}{P}$$

Y = the whole number equal to or next below  $\frac{T}{52}$

$$W = T - (52 \times Y)$$

A = the present value of \$1.00 per annum payable weekly for Y years and W weeks obtained from the compound discount tables set out in Appendix II.

[Regulation 9A inserted in Gazette 25 July 1986 p. 2484; amended in Gazette 2 September 1988 p. 3464.]

**Worker not residing in the State**

10. (1) For the purposes of section 69 of the Act, a worker shall prove his identity and continuance of the incapacity of the worker, by delivering to the employer, or the employer's insurer for the purposes of the Act, at intervals of 3 months—

- (a) a declaration of identity, sworn by the worker before a person having authority to administer an oath in the place where the declaration is made; and
- (b) a declaration of incapacity sworn by a medical practitioner before a person having authority to administer an oath in the place where the declaration is made.

(2) Where an employer, or his insurer for the purposes of the Act, disputes identity or entitlement, or both, he may apply to the Board for a determination thereon.

[Regulation 10 amended in Gazette 2 September 1988 p. 3464.]

**Payments after death outside the State**

11. (1) In the event of the death of a worker who dies outside the State and who was receiving or was entitled to receive weekly payments at the date of his death, his representatives shall, for the purpose of obtaining payment of the arrears (if any) due to the worker, forward to the Registrar a certificate of the death of the worker, and documents showing that they are entitled to such arrears, verified by declaration before a person having authority to administer an oath, with a request for payment of such arrears, specifying the place where and the manner in which the amount is to be remitted to them.

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(2) For the purposes of this regulation the expression "representatives" means—

(a) if the worker leaves a will, the executors of the will; or

(b) where the worker dies intestate, the persons who are according to law entitled to his personal estate, and payment of the arrears may be made to the persons without the production of letters of administration.

(3) On receipt of the certificate of death and the documents mentioned in this regulation, the Registrar shall examine them, and may, if not satisfied that they are in order, return them to the representatives for correction.

(4) When the Registrar is satisfied that the certificate and documents are in order, or when they are returned to him in order, he shall send to the employer a notice requesting him to forward the amount due, and the employer shall thereupon forward the amount to the Registrar, who shall remit that amount, to the representatives of the worker at the address and in the manner requested by them, such remittance being in all cases at the risk of the representatives.

*[12. Repealed in Gazette 8 March 1991 p. 1071.]*

**Contributions to General Fund**

12A. (1) The amount prescribed for the purposes of section 109 (1) (a) of the Act is \$100 000.

(2) The amount prescribed for the purposes of section 109 (4) (a) of the Act is \$25 000.

*[Regulation 12A inserted in Gazette 22 May 1987 p. 2193; amended in Gazettes 2 September 1988 p. 3464; 22 September 1989 p. 3490-1; 6 December 1991 p. 6119.]*

**Register**

13. The register to be kept by the Registrar as required by section 114 (2) of the Act shall be in the form of Form 12 in Appendix I.

*[Regulation 13 amended in Gazette 2 September 1988 p. 3464.]*

**Particulars to be supplied about worker incapacitated for more than 4 weeks**

14. Under section 155 (2) of the Act the prescribed particulars are—

(a) the full name of the worker concerned;

(b) the number given by the insurer or self-insurer to the claim by the worker for compensation; and

(c) whether either paragraph (a) or paragraph (b) of that section applies to the worker.

*[Regulation 14 inserted in Gazette 8 March 1991 p. 1071.]*



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[15. Repealed in Gazette 14 May 1982 p. 1519.]

**Maximum amount for expenses payable under Schedule 1 of the Act**

16. The maximum amount payable for reasonable expenses incurred in respect of—

Item	Maximum Amount
Funeral expenses (clause 4 or clause 17 (2))	\$3 500
Wheeled chair or similar appliance—	
quadraplegic	\$5 000
paraplegic or similar	\$1 500
Meals and lodging (clause 19)	\$65 per day

[Regulation 16 amended in Gazettes 25 July 1986 p. 2484; 28 June 1991 p. 3291; 3 April 1992 p. 1541.]

**Maximum amount for board and lodging payable under clause 15 of the Act**

17. The maximum amount that may be assessed for board and lodging under clause 15 is \$50 per day.

[Regulation 17 amended in Gazette 25 July 1986 p. 2484; 3 April 1992 p. 1541.]

**Supplementary amount varied**

17A. The supplementary amount referred to in clause 1 in Schedule 5 is varied and shall be—

- (a) in relation to a worker with a dependent spouse, the sum of \$74;
- (b) in relation to a worker without a dependent spouse, the sum of \$42.

[Regulation 17A inserted in Gazette 19 June 1987 p. 2410; amended in Gazette 28 June 1991 p. 3291.]

**Form of election to receive redemption amount or supplementary amount.**

18. (1) The election to receive the redemption amount as a lump sum, referred to in Schedule 5 shall be in the form of Form 14 in Appendix I.

(2) The election to receive the supplementary amount, referred to in Schedule 5 shall be in the form of Form 15 in Appendix I.

**Statements by approved insurance offices**

19. The statements required to be transmitted to the Commission pursuant to section 171 of the Act shall be in the form of Forms 16 and 17 in Appendix I.

[Regulation 19 amended in Gazette 2 September 1988 p. 3464.]

**PART 3—NOISE INDUCED HEARING LOSS**

*[Heading inserted in Gazette 26 February 1991 p. 934.]*

**Interpretation**

19A. In this part unless the contrary intention appears—

- “approved” means approved in writing by the Executive Director;
- “approved medical practitioner” means a medical practitioner approved under regulation 19B (1) (a);
- “approved person” means a person approved under regulation 19B;
- “audiologist” means an audiologist approved under regulation 19B (1) (b);
- “audiometric officer” means a person approved under regulation 19B (1) (c);
- “Australian Standard” means a standard published by the Standards Association of Australia, as amended from time to time;
- “clause” means a clause in Schedule 7 to the Act.

*[Regulation 19A inserted in Gazette 26 February 1991 p. 934.]*

**Persons approved to carry out audiometric testing**

19B. (1) The Executive Director may approve, either generally or in a particular case, the following persons to carry out audiometric testing—

- (a) a medical practitioner;
- (b) an audiologist who is either a full member or qualified to be a full member of the Audiological Society of Australia; and
- (c) a person who, in the opinion of the Executive Director, has appropriate qualifications to enable that person to carry out audiometric testing as an audiometric officer.

(2) An audiometric test for the purposes of sections 24A and 24B of the Act shall be carried out by a person approved under subregulation (1).

(3) The Executive Director may at any time cancel an approval given under subregulation (1).

(4) The Executive Director shall serve on each person to whom an approval, or cancellation of approval, relates a certificate of approval or notification of cancellation, as the case requires.

*[Regulation 19B inserted in Gazette 26 February 1991 p. 934.]*

**Testing procedures**

19C. (1) An approved person shall carry out an audiometric test—

- (a) using an audiometer which meets the standards specified in writing by the Executive Director; and
- (b) in an approved hearing booth or other approved testing environment.

(2) An approved person using an audiometer under subregulation (1) shall—

- (a) check the audiometer on each day of use, both before and after the series of measurements carried out and after any relocation of the audiometer, to ensure that the audiometer is in satisfactory working order; and

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- (b) ensure that the audiometer has been calibrated at an approved calibration laboratory within the 12 months preceding each day of use and that the audiometric officer has received a copy of the report prepared on that calibration.
- (3) An approved person shall ensure that the background noise levels during the testing of the hearing of a worker do not exceed those values listed in Table 5.1 in Section 5 of Australian Standard 1269-1989, or an approved equivalent, for the type of earphone/cushion or earphone enclosure combination connected to the audiometer used for the testing.
- (4) Subject to subsection (5), an approved person shall test the hearing of a worker by means of a pure tone air conduction hearing threshold test carried out separately for the left and right ears—
- (a) in accordance with—
    - (i) the procedure described in Section E2 of Appendix E of Australian Standard 1269-1989 as modified by written direction of the Executive Director; or
    - (ii) any procedure which establishes a higher testing procedure than that specified in subparagraph (i) and which is approved in writing by the Executive Director;
  - and
  - (b) if the test is conducted in accordance with the procedure referred to in subregulation (4) (a) (i), at the frequencies 500, 1 000, 1 500, 2 000, 3 000, 4 000, 6 000, 8 000 Hz except that where an audiometer does not possess a 1 500 Hz tone the hearing threshold for that frequency shall be calculated by drawing a straight line on an audiogram connecting the points of threshold for 1 000 and 2 000 Hz, marking the point of intersection with the 1 500 Hz line, and adjusting this value to the nearest 5dB increment.
- (5) If, in the opinion of the Executive Director, a worker has a disability which will prevent the effective use of an audiometric test referred to in subregulation (4), the hearing of that worker may be tested by any other method approved for the purposes of this subregulation.
- (6) In instances where audiometric testing is carried out by an audiometric officer and the audiometric officer believes that the worker meets the criteria specified in Item 4 of Waugh & Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80 "Criteria for assessing hearing conservation audiograms", the audiometric officer shall refer the worker to a medical practitioner and the audiometric officer shall defer audiometric testing until the worker has complied with the referral and the audiometric officer is satisfied that the worker does not meet those criteria.
- (7) Where an initial audiometric test is carried out by an audiometric officer and the results of an air conduction test meet the criteria specified in Item 1, 2 or 3 of Waugh and Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80, the audiometric officer shall refer the worker to an audiologist or an approved medical practitioner for full audiometric testing.

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(8) Where the results of an air conduction test carried out after an initial audiometric test show—

- (a) at least a 10% loss of hearing from the initial audiometric test;
- (b) at least a 5% loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A; or
- (c) where the worker has reached the age of 65 years or on the worker's retirement from work before that age, any further percentage loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A,

the worker shall be referred by the Commission to an audiologist or an approved medical practitioner for full audiometric testing, and the audiologist or medical practitioner shall, upon completion of that testing refer the worker to a medical practitioner registered in the speciality of otorhinolaryngology for full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

(9) Where the results of a further air conduction test, carried out after those tests referred to in subregulation (8), show a further loss of hearing, the worker shall be referred by the Commission to an audiologist or an approved medical practitioner for full audiometric testing and the audiologist or medical practitioner shall, if a further hearing loss is confirmed, refer the worker to a medical practitioner registered in the speciality of otorhinolaryngology for a full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

(10) Where a worker is referred to an approved medical practitioner, audiologist or medical practitioner registered in the speciality of otorhinolaryngology under subregulation (6), (7), (8) or (9), the audiometric test of that worker is completed on the date that—

- (a) if the referral is under subregulation (6), the audiometric officer completes the audiometric test;
- (b) if the referral is under subregulation (7), the medical practitioner or audiologist completes the audiometric test; and
- (c) if the referral is under subregulation (8) or (9), the medical practitioner or audiologist completes the audiometric test, or if the worker is further referred, the medical practitioner registered in the speciality of otorhinolaryngology determines the percentage of noise induced hearing loss.

*[Regulation 19C inserted in Gazette 26 February 1991 pp. 935-37; amended in Gazette 3 April 1992 pp. 1541-2.]*

**Notice of audiometric test and testing arrangements**

**19D.** (1) The employer of a worker who is required, or who makes a request, to undergo an audiometric test under clause (2) shall give written notice of the test to the worker in the form of Form 18 in Appendix I.

(2) The employer of a worker given a notice under subregulation (1) shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours preceding an audiometric test.

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(3) A worker given a notice under subregulation (1) shall not, without reasonable excuse, proof of which is on the worker, fail to submit himself for testing so notified.

*[Regulation 19D inserted in Gazette 26 February 1991 p. 937.]*

**Calculation of loss of hearing**

19E. (1) In section 24A (2) of the Act, loss of hearing means loss of hearing calculated in accordance with the hearing loss tables RB and EB published in Appendices 3 and 7 of Report No. 118 of the National Acoustic Laboratories as annexed in Appendix III.

(2) The method of determining percentage loss of hearing occurring during the interval between 2 audiometric tests shall be by subtraction.

*[Regulation 19E inserted in Gazette 26 February 1991 p. 937.]*

**Report on audiometric test and storage of results**

19F. (1) A person who carries out an audiometric test shall ensure that the results are prepared and delivered to the Commission and the worker in the form of Form 19 in Appendix I.

(2) The Commission shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4 (2) to any person specified by the worker in that request.

(3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested.

(4) The Commission shall store the results of audiometric tests delivered to it under clause 4 (2) for a period ending the day after the 70th birthday of the worker to whom the results relate.

*[Regulation 19F inserted in Gazette 26 February 1991 pp. 937-38.]*

**Reference to medical panel**

19G. A worker or employer requesting a reference to a medical panel under clause 6 (1) (b) shall—

- (a) request the reference in the form of Form 20 in Appendix I; and
- (b) pay to the Executive Director a fee of \$50.

*[Regulation 19G inserted in Gazette 26 February 1991 p. 938.]*

**Retest of person's hearing**

19H. (1) A worker or employer who disputes the results of an audiometric test shall give notice in the form of Form 21 in Appendix I to the Commission.

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(2) A retest of a worker's hearing under clause 7 (1) shall be carried out in the manner prescribed under regulation 19C by—

- (a) an approved medical practitioner;
- (b) an audiologist; or
- (c) a medical practitioner registered in the speciality of otorhinolaryngology,

nominated in writing by the Executive Director.

(3) A retest of a worker's hearing under clause 7 (1) may include—

- (a) a physical examination; and
- (b) any other appropriate investigation the approved medical practitioner or audiologist considers necessary to determine—
  - (i) whether the worker's hearing loss is noise induced;
  - (ii) whether the worker's hearing loss is due, or partly due, to ear disease;
  - (iii) whether the worker's hearing loss is due, or partly due, to a hearing loss which is noise induced but of a type which is not due to the nature of any employment in which the worker was or is engaged; and
  - (iv) any other causes of the hearing loss.

(4) Having regard to the results obtained under subregulation (3), the medical practitioner registered in the speciality of otorhinolaryngology may determine the noise induced hearing loss of the worker as a binaural noise induced hearing loss expressed as a percentage loss of hearing.

*[Regulation 19H inserted in Gazette 26 February 1991 pp. 938-39.]*

**Prescribed workplaces**

**19I.** (1) For the purposes of clause 10 a prescribed workplace is a workplace or part of a workplace where a worker is receiving, or is likely to receive, noise above the action level specified in subregulation (2).

(2) For the purposes of this regulation—

“action level” means—

- (a) an L peak of 140dB(lin); or
- (b) a representative LAeq,8h of 90dB(A);

“L peak” means the maximum unweighted sound pressure level recorded with an instrument equipped for measuring peak values in accordance with AS 1259.1-1990;

“representative LAeq,8h” means an 8 hour equivalent continuous A weighted sound pressure level, determined from the assessment of worker exposures that is typical of the operation, work pattern or process being assessed as described in AS 1269-1989 Clause 1.4.7.

*[Regulation 19I inserted in Gazette 26 February 1991 p. 939.]*

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**PART 4—MISCELLANEOUS**

[*Heading inserted in Gazette 26 February 1991 p. 939.*]

**Offence and penalty**

**20.** Any person who—

- (a) does any act or thing which by these regulations he is forbidden to do;
  - (b) fails or omits to do any act which by these regulations he is required to do,
- commits an offence.

Penalty: \$200.

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APPENDIX I.

Form 1.

Workers' Compensation and Rehabilitation Act 1981.

ELECTION FOR SCHEDULE 2 INJURIES.

(Section 24B)

I, .....  
(name in full block letters)

of .....  
(address)

suffered personal injury by accident in the employment of .....  
.....  
(name of employer)

on the ..... day of ..... 19 .....

The injury/injuries suffered by me was/were:

(state nature of injury and percentage loss of use or loss of efficient use of a part or faculty of the body)

\*Before that disability was suffered I had previously suffered compensable personal injury by accident to that part or faculty of the body resulting in .....% loss of use of that part or faculty.

I elect to accept under Schedule 2 of the *Workers' Compensation and Rehabilitation Act 1981* the sum of \$..... representing ..... % loss of item ..... being .....  
(state the part of the body affected)

In making this election and upon an agreement being registered at the Board or an award being made by the Board, I acknowledge that after registration or the making of the award:

- (1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that disability;
- (2) I shall have no further entitlement in respect of that disability subsequent to the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical or surgical, dental physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses);



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(3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this percentage loss of the part or faculty of the body the subject of this election.

Dated the                      day of                      19                      .

.....  
(Signature)

in the presence of:

.....  
(Signature and full names  
and address of witness)

---

\*Delete if not applicable.

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Form 2.

Workers' Compensation and Rehabilitation Act 1981.

MEDICAL PANEL.

(Sections 36 and 38.)

Particulars of Claimant.

Surname .....
Christian Names .....
Address .....
Date of Birth .....

DETERMINATION

- 1. Is the worker suffering from pneumoconiosis or mesothelioma?
2. If so, is he thereby disabled from earning full wages?
3. To what extent, if any, does—
(i) pneumoconiosis;
(ii) mesothelioma,
cause impairment of his ability to undertake physical effort?
4. What other, if any, disease or physical condition is contributing to his disablement and to what extent?
5. Is the worker fit for work? If so, at what level—light, moderate or heavy?

Signed:

.....
(Chairman)
.....
(Member)
.....
(Member)

Date .....
Attendance of Medical Practitioner.
I hereby certify that .....
of .....
a Medical Practitioner, attended the examination of the above claimant.

.....
(Chairman)

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[section 130 (1) (a)]

**NOTICE OF OCCURRENCE OF DISABILITY**

Name of worker: .....  
Home address of worker: .....  
.....  
Nature and cause of disability: .....  
.....  
Date disability occurred: ..... / ..... / .....  
Workplace where disability occurred: .....  
.....  
Signature of worker or person acting on the worker's behalf:  
.....  
Date of notice: ..... / ..... / .....

**THIS NOTICE OR THE INFORMATION CONTAINED IN THIS  
NOTICE IS TO BE GIVEN TO THE EMPLOYER AS SOON AS  
PRACTICABLE AFTER THE OCCURRENCE  
OF THE DISABILITY**

Workers' Compensation and Rehabilitation Act 1981

[section 130 (1) (b)]

WORKER'S CLAIM FOR COMPENSATION

WORKER'S DETAILS

Surname: .....
Other names: .....
Address: ..... Postcode: .....
Phone No.: .....
Date of birth: ..... Age: ..... Male/Female
Occupation: .....
Main tasks or duties performed: .....

Full time [ ] F At the time of the occurrence

Part time [ ] P were you working as a:

- direct employee? [ ] 1
-working director? [ ] 2
-contractor? [ ] 3
-employee of contractor? [ ] 4
-sub-contractor? [ ] 5
-other? [ ] 6

If you have difficulty understanding English, what is your preferred language? .....

OCCURRENCE DETAILS

Day of occurrence: ..... Date: ..... Time: ..... am/pm

At what address did the occurrence occur? .....

Where did the occurrence occur? .....

What were you doing at the time of the occurrence? .....

Were you:

- on duty? [ ] 1
-on duty and in a road traffic accident? [ ] 2
-on a work break? [ ] 3

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- travelling between home and work?  4
- doing something else, if so, what?  5

What actually happened and what caused the occurrence?

Include:

- (i) what action was involved: .....
- (ii) what object/machine was involved: .....

Describe:

- (i) the most serious type(s) of injury or disease caused by the occurrence: .....
- (ii) bodily location of the injury or disease: .....

OCCURRENCE REPORT

- 1. When did you have to stop working? Date: ...../...../.....  
Time: .....:.....am/pm.
- 2. What were the normal working hours for that day?  
Starting time: .....:.....am/pm.  
Finishing time: .....:.....am/pm.
- 3. When did you first report the occurrence? Date: ...../...../.....  
Time: .....:.....am/pm.
- 4. To whom did you report the occurrence?  
Name: .....  
Title: .....
- 5. If the occurrence was not reported immediately, state the reason: .....
- 6. Name and address of witness(es) to the occurrence: .....

MEDICAL ATTENTION/HISTORY—THIS OCCURRENCE

- 1. When did you first seek medical attention? Date: ...../...../.....  
Time: .....:.....am/pm.
- 2. If not immediately, state reason: .....
- 3. Was the part of the body affected or injured by this occurrence healthy before the occurrence? Yes/No  
If not, give details: .....

*Workers' Compensation and Rehabilitation Regulations 1982*

**MEDICAL HISTORY—SIMILAR OR RELATED PREVIOUS EVENTS**

4. Is the present injury or disability totally attributable to this occurrence? Yes/No  
If not, give details: .....
5. Give details of any similar injury or disability prior to this occurrence: .....
6. Name and address of usual medical practitioner and any person who has treated you for a similar disability: .....

**OTHER OR PREVIOUS CLAIMS**

1. Is compensation being claimed from any other source? Yes/No  
If yes, from whom? .....
2. Give details of similar or related previous workers' compensation claims:  
Name and address of employer: .....  
Name of insurer (if known): .....  
Nature of injury, disease or other claim: .....

**WORKER'S DECLARATION**

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief.

I take notice that under section 59 (1) of the *Workers' Compensation and Rehabilitation Act 1981* I am required to notify my employer within 7 days should I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this ..... day of ..... 19.....  
Signature of worker: .....  
Signature of witness: .....

I hereby authorize any doctor to divulge to my employer, or his or her insurer, information in relation to my claim for workers' compensation which he or she may have acquired with regard to myself.

Dated this ..... day of ..... 19.....  
Signature of worker: .....  
Signature of witness: .....

NOTE: Failure to provide your signature on either of the above declarations may delay the finalization of your claim.

*Workers' Compensation and Rehabilitation Regulations 1982*

**EMPLOYER DETAILS (To be completed by employer)**

Trading name of employer: .....  
Address of worker's usual workplace or base: .....  
.....  
Major activity of workplace: .....  
.....  
Name of policy holder: .....  
Postal address: .....  
..... Postcode: .....  
If a local government, name: .....  
Insurance Co.: .....  
Policy No.: .....

**INSURER TO COMPLETE**

Insurer's date stamp: ..... Claim No.: .....

Insurance Company—Please detach and forward the duplicate of this notice to the  
Workers' Compensation and Rehabilitation Commission.

Workers' Compensation and Rehabilitation Regulations 1982

Form 3.

Workers' Compensation and Rehabilitation Act 1981

[sections 57A (1) (b) (i) and 57B (1) (b) (i)]

FIRST MEDICAL CERTIFICATE

TO: .....
(Name and Address of Employer)
.....

TAKE NOTICE that:

Worker's name in full .....
Address .....
Occupation ..... Age. ....
attended upon me in respect of a disability on the .....
day of ..... 19. .... at. .... a.m.
p.m.

WORKER'S STATEMENT:

A brief resume of disability .....
Place and Date on which disability occurred ..... 19. ....

PROVISIONAL DIAGNOSIS: .....

PHYSICAL FINDING CORRELATING THE DISABILITY (as defined overleaf) ...

In my opinion the disability DOES
DOES NOT appear to correlate with the disability as
described by the worker .....

The worker will be treated (a) At home
(b) At surgery
(c) In ..... Hospital
(Name)
Admitted ..... 19. ....

Physiotherapy will be necessary Yes/No
An X-ray will be necessary Yes/No
Extra remarks (e.g. Likely complications, effect of pre-existing disease or former
disabilities) .....



Workers' Compensation and Rehabilitation Regulations 1982

I CERTIFY THAT THE WORKER IS

Unfit—For an estimated Weeks ..... Days. ....
Partially Unfit—For an estimated Weeks ..... Days. ....
Fit—Requires Treatment
Fit

NAME OF REGISTERED MEDICAL PRACTITIONER .....

Address .....

Signature .....

DATED ..... 19. ....

AUTHORITY TO BE SIGNED AT OPTION OF THE PATIENT.

I hereby authorize any doctor whether named in this certificate or not, to divulge to my employer or his insurer, information in relation to my claim for workers' compensation which he may have acquired with regard to myself.

DATE ..... SIGNATURE .....

The definition of "Disability" as appearing in Section 5 of the Act is—

"disability" means—

- (a) a personal injury by accident arising out of or in the course of the employment, or whilst the worker is acting under the employer's instructions;
(b) a disabling disease to which Part III Division 3 applies;
(c) a disease contracted by a worker in the course of his employment at or away from his place of employment and to which the employment was a contributing factor and contributed to a recognizable degree;
(d) the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation or acceleration and contributed to a recognizable degree; or
(e) a disabling loss of function to which Part III Division 4 applies.

Part III—Division 3—Refers to Specified Industrial Diseases in accordance with the Act Schedule 3.

Part III—Division 4—Refers to Specified Losses of Functions in accordance with the Act Schedule 4.

*Workers' Compensation and Rehabilitation Regulations 1982*

**SPECIFIED LOSSES OF FUNCTIONS**

Column 1. Loss of Function.	Column 2. Description of Process.
Noise induced hearing loss . . . . .	Any work process involving continued exposure to excessive noise.
Effects of vibration (including Raynaud's phenomenon and dead hand) . . . . .	Use of vibratory tools, implements and appliances.
Compressed air illness . . . . .	Any process carried on in compressed air.

Form 3A

(Reg 6B)

Workers' Compensation and Rehabilitation Act 1981

[section 57A (3) (a)]

INSURER'S NOTICE THAT LIABILITY IS ACCEPTED

To:

1. .... [name and address of worker to whom the claim relates] .....

2. .... [name and address of employer] .....

From: .... [name and address of insurer] .....

Claim number: .....

Date of accident: .....

Nature of incapacity: .....

Date claim made by employer: .....

In respect of the above claim you are notified that liability is accepted in respect of the weekly payments claimed by the worker.

Signed on behalf of the insurer: .....

Date: .....

Form 3B

(Reg 6C)

Workers' Compensation and Rehabilitation Act 1981

[section 57A (3) (b)]

INSURER'S NOTICE THAT LIABILITY IS DISPUTED

To:

1. .... [name and address of worker to whom the claim relates] .....

2. .... [name and address of employer] .....

From: .... [name and address of insurer] .....

Claim number: .....

Date of accident: .....

Nature of incapacity: .....

Date claim made by employer: .....

In respect of the above claim you are notified that liability is disputed in respect of:

\* all the weekly payments claimed by the worker.

\* the following weekly payments claimed by the worker.

[provide details]

Signed on behalf of the insurer: .....

Date: .....

[\*delete if appropriate]

Workers' Compensation and Rehabilitation Act 1981

[section 57A (3) (c)]

INSURER'S NOTICE WHERE NO DECISION ABOUT LIABILITY

To:

1. .... [name and address of worker to whom the claim relates] .....

2. .... [name and address of employer] .....

3. Registrar, Workers' Compensation Board.

From: .... [name and address of insurer] .....

Claim number: .....

Date of accident: .....

Nature of incapacity: .....

Date claim made by employer: .....

In respect of the above claim you are notified that a decision as to whether or not liability is to be accepted in respect of the weekly payments claimed by the worker is not able to be made within the time allowed by section 57A (3) of the Act.

Signed on behalf of the insurer: .....

Date: .....

Workers' Compensation and Rehabilitation Act 1981

[section 57B (2) (b)]

UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE THAT LIABILITY IS DISPUTED

To: .... [name and address of worker to whom the claim relates] .....

From: .... [name and address of uninsured or self-insured employer] .....

Claim number: .....

Date of accident: .....

Nature of incapacity: .....

Date claim made by worker: .....

In respect of the above claim you are notified that liability is disputed in respect of the weekly payments claimed by you.

Signed on behalf of the uninsured or self-insured employer: .....

Date: .....

*Workers' Compensation and Rehabilitation Act 1981*

[section 57B (2) (c)]

UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE  
WHERE NO DECISION ABOUT LIABILITY

To:

1. ....  
[name and address of worker to whom the claim relates]

2. Registrar, Workers' Compensation Board.

From: ....  
[name and address of uninsured or self-insured employer]

Claim number: .....

Date of accident: .....

Nature of incapacity: .....

Date claim made by worker: .....

In respect of the above claim you are notified that a decision as to whether or not liability to make the weekly payments claimed by the worker is not able to be made within the time allowed by section 57B (2) of the Act.

Signed on behalf of the uninsured or self-insured employer: .....

Date: .....

FINAL MEDICAL CERTIFICATE.

Medical certificate supporting cessation of weekly payments  
in accordance with section 61 (1) of the Act.

I HEREBY CERTIFY THAT:

1. I examined .....  
(full names of the worker)

of .....  
(address)

as follows:

2. I elicited the history from the worker that on the ..... day  
of ..... 19 ....., a disability of the worker occurred  
which was .....

(Insert here the nature of the disability in terms appropriately  
adapted from the definition of "disability" as appears in  
section 5 of the Act and as quoted overleaf.)

3. Upon my examination on the ..... day of .....  
19 ....., (the first examination), I found that the worker had the following  
disability: .....

4. The worker was treated (a) at home  
(b) at surgery  
(c) in ..... Hospital  
(Name)  
Admitted ..... 19 .....  
Discharged ..... 19 .....

5. Other treatment was necessary—  
Physiotherapy Yes/No Period .....  
X-ray Yes/No .....  
Other Yes/No .....  
(Describe)



*Workers' Compensation and Rehabilitation Regulations 1982*

SPECIFIED LOSSES OF FUNCTIONS.

Column 1. Loss of Function.	Column 2. Description of Process.
Noise induced hearing loss . . . . .	Any work process involving continued exposure to excessive noise.
Effects of vibration (including Raynaud's phenomenon and dead hand) . . . . .	Use of vibratory tools, implements and appliances.
Compressed air illness . . . . .	Any process carried on in compressed air.



Workers' Compensation and Rehabilitation Regulations 1982

Form 5.

Workers' Compensation and Rehabilitation Act 1981.

NOTICE TO WORKER OF INTENTION TO DISCONTINUE OR REDUCE PAYMENTS.

(Section 61 (1) (2).)

TO: ..... (Name and address of worker)

TAKE NOTICE that your employer ..... (name of employer)

intends, after 21 clear days from the date of service upon you of this notice, to \*discontinue the weekly payments of compensation/diminish the weekly payments on the following basis—

- (1) this notice is based upon the report(s) of ..... dated ..... 19..... (names of medical practitioners and dates of reports)

sent with this notice, in which it is said that (state concisely the ground relied upon by the employer);

- (2) you may, if you dispute the employer's right to discontinue or diminish the weekly payments within the 21 days referred to in this notice apply to the Workers' Compensation Board, by application in chambers, for an order that the weekly payments shall not be discontinued or diminished;
(3) if you fail to make such application within that period of 21 days, you forfeit your right to dispute, by application in chambers, the employer's right to discontinue or diminish weekly payments but you do not forfeit your right to make a substantive application under Part III of the Workers' Compensation Board Rules;
(4) an application in chambers is heard expeditiously but a substantive application under Part III will be delayed until the application is ready to be tried and may take its place in the defended list of applications;
(5) you may obtain information from the Workers' Compensation and Rehabilitation Commission situated

at ..... as to the ways (address of Commission)

and means available to you to establish or protect your rights in respect of your disability.

Dated the ..... day of ..... 19 .....

..... Signed on behalf of the employer.

\* Delete whichever is inapplicable.

*Workers' Compensation and Rehabilitation Regulations 1982*

Form 6.

*Workers' Compensation and Rehabilitation Act 1981.*

NOTICE BY REGISTRAR TO EMPLOYER OF RECEIPT OF MEDICAL  
CERTIFICATE AND DECLARATION OF IDENTITY.

In the Workers' Compensation Board of Western Australia.

In the matter of the *Workers' Compensation and Rehabilitation Act 1981*, and in the matter of an agreement between (or an order of the Board dated the ..... day of ..... 19 ..... between) ..... of ..... and ..... of .....

TAKE NOTICE that I have received proof of identity and of continuance of incapacity in the abovementioned matter.

And I have to request you to transmit the sum of ..... being the amount of the weekly payments payable to ..... under the abovementioned order (or memorandum) from ..... to ..... to me, to be by me remitted to the said .....

Dated this ..... day of ..... 19 .....

.....  
Registrar.

Form 12

*Workers' Compensation and Rehabilitation Act 1981*

REGISTER

No. of Matter	Applicant	Respondent	Date of Proceeding	Determination Award or Order

Form 14.

Workers' Compensation and Rehabilitation Act 1981.

ELECTION TO RECEIVE REDEMPTION AMOUNT.  
(Schedule 5, Clause 3.)

I, ..... of .....  
(name of worker) (address)

having attained the age of 65 years on the ..... day of ..... 19 .....,  
having suffered from pneumoconiosis/mesothelioma and being entitled to weekly  
payments of compensation in accordance with Schedule 1 of the Act, elect to receive  
the redemption amount of \$ ..... as a lump sum.

I acknowledge that, by making this election:—

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. I shall have no further entitlement from the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical and other expenses, hospital charges and travelling costs).
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17 (2) of Schedule 1 shall not apply: that is, in general terms dependants of mine, whether totally or partially dependent, shall have no entitlement to payment, benefit, allowance or expenses (funeral or otherwise).

Dated the ..... day of ..... 19 .....

Signed by the worker  
in the presence of:

.....  
.....  
.....  
(Signature and full names of witness).

Workers' Compensation and Rehabilitation Act 1981.

ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT.  
(Schedule 5, Clause 3.)

I, ..... of .....  
(name of worker) (address)

having attained the age of 65 years on the ..... day of ..... 19 .....,  
having suffered from pneumoconiosis/mesothelioma and being entitled to weekly  
payments of compensation in accordance with Schedule 1 of the Act, elect to receive  
the supplementary amount having *\*a\**no dependant spouse, being currently the  
sum of \$ .....

I acknowledge that, by making this election:—

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. If my death results from that disability and a dependant spouse survives me then that spouse is entitled to a lump sum calculated in accordance with clause 6 of Schedule 5 and the supplementary amount at the rate for a worker without a dependant spouse.
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17 (2) of Schedule 1 shall not apply: that is, in general terms, dependants of mine, whether totally or partially dependant, shall have no entitlement to any payment, benefit, allowance or expense (funeral or otherwise).

Dated the ..... day of ..... 19 .....

Signed by the worker  
in the presence of:

.....  
.....  
.....  
(Signature and full names of witness).

\* Delete whichever is inapplicable.

Workers' Compensation and Rehabilitation Regulations 1982

Form 16.

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES

CONFIDENTIAL

(SECTION 171(1)(a))

NEW/RENEWED POLICIES/COVER NOTES

Name of approved insurance office .....

Address .....

Executive Director, Workers' Compensation and Rehabilitation Commission.

The following are the names, addresses and occupations of each employer who has during the month of ..... 19 ..... effected or renewed a policy or contract or insurance with the above office against liability under the Act.

Policy/ Cover Note No.	New (N) Renewal (R)	Name	Address	Occupation	Effective Date (If Less Than 12 Months Cover)	Expiry Date

Position held by officer ..... Date .....

.....  
Signature of responsible officer

Workers' Compensation and Rehabilitation Regulations 1982

Form 17

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICERS

CONFIDENTIAL

(SECTION 171(1)(b))

LAPSED POLICIES

Name of approved insurance office .....

Address ..... Date approved .....

Executive Director, Workers' Compensation and Rehabilitation Commission.

The following are the names, addresses and occupations of each employer in respect to whom, during the month of ..... 19 ..... the above approved insurance office has, in its books, lapsed a policy of insurance under the Act:—

Policy No.	Name	Address	Occupation	Reason

Position held by officer ..... Date .....

.....  
Signature of responsible officer

NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST

TO: .....  
(full name of worker)

of: .....  
.....  
(full address of worker)

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by

.....  
(name of person approved under regulation 19B)

of .....  
(full address at which test is to be conducted)

at ..... a.m./p.m. on .....

.....  
(Signature of person arranging test)

.....  
(name of employer) (date)

NON-ATTENDANCE: A worker shall not, without reasonable excuse, fail to submit himself for an audiometric test of which the worker has notice (regulation 19D (3)).

PERIOD OF QUIET: An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours immediately preceding the audiometric test (regulation 19D (3)).

PENALTY: \$200.

**WORKERS' COMPENSATION AND REHABILITATION ACT 1981**  
**REPORT OF BASELINE AUDIOMETRIC TEST**

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric \*test/retest of:

**WORKERS' DETAILS**

[Grid for Given Names]

GIVEN NAMES (in full)

[Grid for Surname]

SURNAME

SEX  
M  F

[Grid for Address Number and Street]

ADDRESS NUMBER AND STREET

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

DATE OF BIRTH

[Grid for Day, Month, Year]

DAY MONTH YEAR

[Grid for Home Phone Number]

HOME PHONE NUMBER

[Grid for Work Phone Number]

WORK PHONE NUMBER

[Grid for A.S.I.C. Office Use]

A.S.I.C.-OFFICE USE

OCCUPATION OF WORKER

EMPLOYED BY:

[Grid for Full Name of Employer]

FULL NAME OF EMPLOYER

[Grid for Address Number and Street of Employer]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

[Grid for A.S.I.C. Office Use]

A.S.I.C.-OFFICE USE

PREDOMINANT INDUSTRY OF EMPLOYER

LEVEL OF TEST:

Air-conduction

Full audiological

Medical Panel

PURPOSE OF TEST:

Baseline



*Workers' Compensation and Rehabilitation Regulations 1982*

**WAUGH AND MACRAE'S CRITERIA:**

(Please tick only if worker fails)

Item 1                       Item 2                       Item 3

**HEARING TEST RESULTS**

HERTZ (Hz)		500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR								
	RT EAR **MASKED								
	LT EAR								
	LT EAR **MASKED								
**BONE CONDUCTION	RT EAR								
	RT EAR MASKED								
	LT EAR								
	LT EAR MASKED								

CALCULATED PLH  %  
OFFICE USE

**PERSON CONDUCTING TEST**

SURNAME                       INITIALS                       REG. NO.

EQUIPMENT REG. NO.                       BOOTH REG. NO.

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

\_\_\_\_\_  
SIGNATURE

DATE OF TEST  
 DAY     MONTH     YEAR

- \* Delete which doesn't apply
- \*\*Approved Medical Practitioners or Audiologists Only

**WORKERS' COMPENSATION AND REHABILITATION ACT 1981**  
**REPORT OF SUBSEQUENT/RETIRING/TURNING 65 AUDIOMETRIC TEST**

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric \*test/retest of:

**WORKERS' DETAILS**

[Grid for Given Names]

GIVEN NAMES (in full)

[Grid for Surname]

SURNAME

SEX  
 M  F

[Grid for Former Surname]

FORMER SURNAME IF APPLICABLE

[Grid for Address Number and Street]

ADDRESS NUMBER AND STREET

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

DATE OF BIRTH

[Grid for Day, Month, Year]

DAY MONTH YEAR

[Grid for Home Phone Number]

HOME PHONE NUMBER

[Grid for Work Phone Number]

WORK PHONE NUMBER

[Grid for A.S.I.C.-Office Use]

A.S.I.C.-OFFICE USE

OCCUPATION OF WORKER

EMPLOYED OR FORMERLY EMPLOYED BY:

[Grid for Full Name of Employer]

FULL NAME OF EMPLOYER

[Grid for Address Number and Street of Employer]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Grid for Suburb or Town]

SUBURB OR TOWN

POST CODE

[Grid for A.S.I.C.-Office Use]

A.S.I.C.-OFFICE USE

PREDOMINANT INDUSTRY OF EMPLOYER

LEVEL OF TEST:

Air-conduction

[Box]

Full audiological

[Box]

Medical Panel

[Box]

PURPOSE OF TEST:

Subsequent

[Box]

Retired/Turning 65

[Box]



APPLICATION FOR REFERENCE TO MEDICAL PANEL

TO: EXECUTIVE DIRECTOR  
WORKERS' COMPENSATION AND  
REHABILITATION COMMISSION

NAME OF WORKER: .....

ADDRESS OF WORKER: .....

NAME OF EMPLOYER: .....

ADDRESS OF EMPLOYER: .....

I, being an \*employer/worker hereby request that a medical panel be appointed under Clause 6 of Schedule 7 to enquire into and report on the following matters—

\*\*

.....  
Signature of Applicant Date

- \* Strike out whichever does not apply.
- \*\* Here insert any question that arises concerning the audiometric testing or hearing loss of the worker.

Note: The prescribed fee is \$50.00 and must accompany this form.



Workers' Compensation and Rehabilitation Regulations 1982

WORKERS' COMPENSATION AND REHABILITATION COMMISSION—APPENDIX II  
TABLE SHOWING PRESENT VALUES OF \$1.00 PER ANNUM PAYABLE WEEKLY ASSUMING AN EFFECTIVE EARNING RATE OF 3% PER ANNUM

Years	0	1	2	3	4	5	6	7	8	9	10	11	12
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
0	0.000 00	0.019 22	0.038 43	0.057 63	0.076 81	0.095 99	0.115 16	0.134 31	0.153 45	0.172 59	0.191 71	0.210 82	0.229 92
1	0.986 09	1.003 75	1.022 38	1.041 03	1.059 66	1.078 28	1.096 89	1.115 48	1.134 07	1.152 64	1.171 21	1.189 76	1.208 31
2	1.941 48	1.959 50	1.977 70	1.995 80	2.013 88	2.031 96	2.050 02	2.068 08	2.086 12	2.104 17	2.122 21	2.140 24	2.158 26
3	2.870 02	2.887 60	2.905 18	2.922 75	2.940 31	2.957 86	2.975 40	2.992 93	3.010 45	3.027 96	3.045 46	3.062 94	3.080 40
4	3.771 51	3.788 58	3.805 65	3.822 71	3.839 76	3.856 79	3.873 82	3.890 84	3.907 85	3.924 85	3.941 84	3.958 82	3.975 79
5	4.646 74	4.663 32	4.679 89	4.696 45	4.713 00	4.729 55	4.746 08	4.762 60	4.779 11	4.795 62	4.812 11	4.828 60	4.845 07
6	5.496 49	5.512 58	5.528 67	5.544 75	5.560 82	5.576 88	5.592 93	5.609 97	5.626 99	5.643 81	5.660 52	5.677 23	5.693 84
7	6.321 48	6.337 11	6.352 73	6.368 34	6.383 94	6.399 53	6.415 11	6.430 69	6.446 25	6.461 81	6.477 36	6.492 89	6.508 42
8	7.122 44	7.137 62	7.152 78	7.167 94	7.183 08	7.198 22	7.213 35	7.228 47	7.243 58	7.258 69	7.273 78	7.288 87	7.303 94
9	7.900 08	7.914 81	7.929 53	7.944 25	7.958 95	7.973 65	7.988 34	8.003 02	8.017 69	8.032 35	8.047 01	8.061 65	8.076 29
10	8.655 07	8.669 37	8.683 66	8.697 95	8.712 22	8.726 49	8.740 75	8.755 00	8.769 25	8.783 49	8.797 71	8.811 93	8.826 15
11	9.388 06	9.401 95	9.415 82	9.429 69	9.443 55	9.457 41	9.471 25	9.485 09	9.498 92	9.512 74	9.526 55	9.540 36	9.554 16
12	10.099 71	10.113 19	10.126 66	10.140 13	10.153 58	10.167 03	10.180 48	10.193 91	10.207 34	10.220 76	10.234 17	10.247 57	10.260 97
13	10.790 63	10.803 71	10.816 79	10.829 87	10.842 93	10.855 99	10.869 04	10.882 09	10.895 12	10.908 15	10.921 17	10.934 18	10.947 19
14	11.461 42	11.474 13	11.486 83	11.499 52	11.512 20	11.524 88	11.537 55	11.550 22	11.562 87	11.575 52	11.588 16	11.600 80	11.613 42
15	12.112 68	12.125 02	12.137 35	12.149 67	12.161 98	12.174 29	12.186 59	12.198 89	12.211 17	12.223 46	12.235 73	12.248 00	12.260 26
16	12.744 97	12.756 94	12.768 92	12.780 88	12.792 84	12.804 79	12.816 73	12.828 67	12.840 58	12.852 52	12.864 43	12.876 34	12.888 24
17	13.358 84	13.370 47	13.382 09	13.393 71	13.405 31	13.416 92	13.428 51	13.440 10	13.451 68	13.463 26	13.474 83	13.486 39	13.497 94
18	13.954 23	13.966 12	13.977 41	13.988 68	13.999 95	14.011 22	14.022 47	14.033 73	14.044 97	14.056 21	14.067 44	14.078 67	14.089 89
19	14.532 97	14.544 33	14.555 59	14.566 84	14.578 09	14.589 34	14.600 58	14.611 81	14.623 03	14.634 25	14.645 47	14.656 69	14.667 89
20	15.095 89	15.106 89	15.117 82	15.127 75	15.137 76	15.147 76	15.157 75	15.167 73	15.177 71	15.187 68	15.197 65	15.207 61	15.217 55
21	15.640 66	15.651 00	15.661 32	15.671 64	15.681 96	15.692 26	15.702 57	15.712 86	15.723 15	15.733 44	15.743 72	15.753 99	15.764 26
22	16.170 20	16.180 23	16.190 25	16.200 27	16.210 29	16.220 29	16.230 28	16.240 26	16.250 23	16.260 20	16.270 17	16.280 12	16.290 09
23	16.683 41	16.693 06	16.702 69	16.712 31	16.721 92	16.731 51	16.741 09	16.750 66	16.760 22	16.769 77	16.779 31	16.788 84	16.798 36
24	17.182 99	17.192 29	17.201 58	17.210 86	17.220 14	17.229 41	17.238 68	17.247 94	17.257 19	17.266 43	17.275 66	17.284 88	17.294 09
25	17.668 04	17.677 22	17.686 39	17.695 56	17.704 72	17.713 88	17.723 04	17.732 18	17.741 33	17.750 46	17.759 60	17.768 72	17.777 83
26	18.138 32	18.147 43	18.156 54	18.165 64	18.174 74	18.183 83	18.192 92	18.202 00	18.211 08	18.220 15	18.229 21	18.238 27	18.247 33
27	18.593 70	18.602 44	18.611 17	18.619 90	18.628 63	18.637 35	18.646 07	18.654 78	18.663 49	18.672 19	18.680 88	18.689 56	18.698 24
28	19.035 19	19.043 77	19.052 34	19.060 91	19.069 48	19.078 04	19.086 60	19.095 16	19.103 71	19.112 26	19.120 80	19.129 33	19.137 86
29	19.462 33	19.470 79	19.479 24	19.487 69	19.496 14	19.504 59	19.513 03	19.521 47	19.529 90	19.538 33	19.546 75	19.555 17	19.563 58
30	19.885 27	19.893 59	19.901 81	19.910 03	19.918 25	19.926 46	19.934 67	19.942 88	19.951 08	19.959 27	19.967 45	19.975 63	19.983 80
31	20.299 19	20.307 29	20.315 29	20.323 29	20.331 28	20.339 26	20.347 24	20.355 21	20.363 18	20.371 14	20.379 10	20.387 05	20.394 99
32	20.699 57	20.707 37	20.715 16	20.722 95	20.730 73	20.738 51	20.746 28	20.754 05	20.761 81	20.769 57	20.777 32	20.785 07	20.792 81
33	21.089 76	21.097 00	21.104 24	21.111 48	21.118 71	21.125 94	21.133 17	21.140 39	21.147 61	21.154 83	21.162 04	21.169 25	21.176 45
34	21.448 19	21.455 23	21.462 27	21.469 31	21.476 35	21.483 38	21.490 41	21.497 43	21.504 45	21.511 47	21.518 48	21.525 49	21.532 49
35	21.801 74	21.808 57	21.815 40	21.822 22	21.829 04	21.835 86	21.842 67	21.849 48	21.856 28	21.863 08	21.869 87	21.876 67	21.883 46
36	22.151 83	22.158 46	22.165 09	22.171 71	22.178 33	22.184 95	22.191 56	22.198 17	22.204 77	22.211 38	22.217 97	22.224 57	22.231 16
37	22.491 71	22.498 15	22.504 59	22.511 02	22.517 45	22.523 87	22.530 29	22.536 71	22.543 12	22.549 53	22.555 93	22.562 33	22.568 73
38	22.827 95	22.834 20	22.840 44	22.846 68	22.852 92	22.859 15	22.865 38	22.871 61	22.877 83	22.884 05	22.890 26	22.896 46	22.902 66
39	23.142 08	23.148 14	23.154 21	23.160 27	23.166 33	23.172 39	23.178 44	23.184 49	23.190 54	23.196 58	23.202 61	23.208 64	23.214 67
40	23.452 12	23.459 01	23.466 90	23.473 79	23.480 67	23.487 55	23.494 43	23.501 31	23.508 18	23.515 05	23.521 91	23.528 77	23.535 60
41	23.755 10	23.760 83	23.766 54	23.772 26	23.777 97	23.783 67	23.789 38	23.795 08	23.800 78	23.806 47	23.812 16	23.817 85	23.823 54
42	24.048 29	24.053 85	24.059 40	24.064 95	24.070 49	24.076 03	24.081 57	24.087 10	24.092 64	24.098 17	24.103 69	24.109 21	24.114 73
43	24.332 94	24.338 34	24.343 72	24.349 11	24.354 49	24.359 87	24.365 25	24.370 62	24.376 99	24.383 36	24.389 73	24.396 09	24.402 45
44	24.614 54	24.619 77	24.625 00	24.630 22	24.635 45	24.640 67	24.645 89	24.651 11	24.656 33	24.661 54	24.666 75	24.671 95	24.677 14
45	24.882 69	24.887 77	24.892 85	24.897 92	24.903 00	24.908 06	24.913 13	24.918 19	24.923 25	24.928 31	24.933 36	24.938 41	24.943 45
46	25.143 04	25.147 97	25.152 90	25.157 82	25.162 75	25.167 67	25.172 59	25.177 50	25.182 42	25.187 32	25.192 23	25.197 13	25.202 03
47	25.395 80	25.400 59	25.405 38	25.410 16	25.414 94	25.419 72	25.424 49	25.429 26	25.434 03	25.438 79	25.443 56	25.448 32	25.453 08
48	25.641 21	25.645 89	25.650 57	25.655 24	25.659 91	25.664 58	25.669 24	25.673 90	25.678 56	25.683 21	25.687 87	25.692 52	25.697 17
49	25.879 76	25.884 14	25.888 52	25.892 89	25.897 26	25.901 63	25.905 99	25.910 35	25.914 71	25.919 07	25.923 42	25.927 77	25.932 12
50	26.110 77	26.115 16	26.119 54	26.123 91	26.128 29	26.132 66	26.137 03	26.141 39	26.145 76	26.150 12	26.154 48	26.158 84	26.163 19

Years	13	14	15	16	17	18	19	20	21	22	23	24	25
0	0.249 01	0.268 09	0.287 15	0.306 21	0.325 26	0.344 29	0.363 32	0.382 33	0.401 33	0.420 32	0.439 30	0.458 27	0.477 23
1	1.226 94	1.245 36	1.263 86	1.282 38	1.300 87	1.319 35	1.337 82	1.356 28	1.374 73	1.393 17	1.411 59	1.430 01	1.448 42
2	2.176 19	2.194 59	2.212 15	2.229 86	2.246 61	2.263 41	2.280 24	2.297 01	2.313 72	2.330 37	2.347 06	2.363 69	2.380 26
3	3.097 59	3.115 95	3.132 80	3.150 24	3.167 17	3.183 69	3.200 79	3.217 46	3.233 70	3.250 51	3.267 88	3.284 81	3.301 30
4	3.992 72	4.009 70	4.026 64	4.043 57	4.060 47	4.077 33	4.094 14	4.110 90	4.127 62	4.144 30	4.160 93	4.177 51	4.194 05
5	4.861 54	4.878 00	4.894 44	4.910 88	4.927 31	4.943 73	4.960 11	4.976 45	4.992 74	5.009 00	5.025 22	5.041 40	5.057 54
6	5.705 03	5.721 00	5.736 96	5.752 93	5.768 88	5.784 82	5.800 76	5.816 68	5.832 57	5.848 43	5.864 26	5.880 06	5.895 82
7	6.523 05	6.539 46	6.555 96	6.572 46	6.588 89	6.605 32	6.621 75	6.638 15	6.654 52	6.670 87	6.687 20	6.703 51	6.719 80
8	7.319 01	7.334 97	7.350 93	7.366 89	7.382 85	7.398 82	7.414 78	7.430 72	7.446 64	7.462 54	7.478 42	7.494 28	7.510 12
9	8.090 01	8.104 95	8.119 90	8.134 85	8.149 80	8.164 75	8.179 70	8.194 64	8.209 58	8.224 51	8.239 44	8.254 37	8.269 29
10	8.840 25	8.854 95	8.869 65	8.884 35	8.899 05	8.913 75	8.928 45	8.943 15	8.957 85	8.972 55	8.987 25	9.001 95	9.016 65
11	9.567 85	9.581 73	9.595 61	9.609 49	9.623 37	9.637 25	9.651 13	9.664 99	9.678 87	9.692 75	9.706 63	9.720 51	9.734 39
12	10.274 36	10.287 74	10.301 11	10.314 48	10.327 85	10.341 22	10.354 59	10.367 96	10.381 33	10.394 70	10.408 07	10.421 44	10.434 81
13	10.969 09	10.981 98	10.994 87	11.007 76	11.020 65	11.033 54	11.046 43	11.059 32	11.072 21	11.085 10	11.097 99	11.110 88	11.123 77
14	11.652 12	11.664 68	11.677 14	11.689 60	11.702 06	11.714 52	11.726 98	11.739 44	11.751 90	11.764 36	11.776 82	11.789 28	11.801 74
15	12.327 51	12.339 75	12.351 99	12.364 23	12.376 47	12.388 71	12.400 95	12.413 19	12.425 43	12.437 67	12.449 91	12.462 15	12.474 39
16	13.000 44	13.012 43	13.024 42	13.036 41	13.048 40	13.060 39	13.072 38	13.084 37	13.096 36	13.108 35	13.120 34	13.132 33	13.144 32
17	13.671 52	13.683 21	13.694 90	13.706 59	13.718 28	13.729 97	13.741 66	13.753 35	13.765 04	13.776 73	13.788 42	13.800 11	13.811 80
18	14.340 45	14.351 81	14.363 17	14.374 53	14.385 89	14.397 25	14.408 61	14.420 97	14.432 33	14.443 69	14.455 05	14.466 41	14.477 77
19	15.007 12	15.018 14	15.029 16	15.040 18	15.051 20	15.062 22	15.073 24	15.084 26	15.095 28	15.106 30	15.117 32	15.128 34	15.139 36
20	15.672 42	15.682 98	15.693 54	15.704 10	15.714 66	15.725 22	15.735 78	15.746 34	15.756 90	15.767 46	15.778 02	15.788 58	15.799 14
21	16.336 45	16.346 68	16.356 91	16.367 14	16.377 37	16.387 60	16.397 83	16.408 06	16.418 29	16.428 52	16.438 75	16.448 98	16.459 21
22	17.000 14	17.010 11	17.020 08	17.030 05	17.040 02	17.050 00	17.060 00	17.070 00	17.080 00	17.090 00	17.100 00	17.110 00	17.120 00
23	17.663 48	17.673 21	17.682 94	17.692 67	17.702 40	17.712 13	17.721 86	17.731 59	17.741 32	17.751 05	17.760 78	17.770 51	17.780 24
24	18.326 81	18.336 28	18.345 75	18.355 22	18.364 69	18.374 16	18.383 63	18.393 10	18.402 57	18.412 04	18.421 51	18.430 98	18.440 45
25	18.990 14	18.999 35	19.008 56	19.017 77	19.026 98	19.036 19	19.045 40	19.054 61	19.063 82	19.073 03	19.082 24	19.091 45	19.100 66
26	19.653 47	19.662 38	19.671 29	19.680 20	19.689 11	19.698 02	19.706 93	19.715 84	19.724 75	19.733 66	19.742 57	19.751 48	19.760 39
27	20.316 80	20.325 41	20.334 02	20.342 63	20.351 24	20.359 85	20.368 46	20.377 07	20.385 68	20.394 29	20.402 90	20.411 51	20.420 12
28	20.980 13	20.989 34	20.998 55	21.007 76	21.016 97	21.026 18	21.035 39	21.044 60	21.053 81	21.063 02	21.072 23	21.081 44	21.090 65
29	21.643 46	21.652 27	21.661 08	21.669 89	21.678 70	21.687 51	21.696 32	21.705 13	21.713 94	21.722 75	21.731 56	21.740 37	21.749 18
30	22.306 79	22.315 30	22.323 81	22.332 32	22.340 83	22.349 34	22.357 85	22.366 36	22.374 87	22.383 38	22.391 89	22.400 40	22.408 91
31	22.970 12	22.978 33	22.986 54	22.994 75	22.999 96	23.008 17	23.016 38	23.024 59	23.032 80	23.040 99	23.049 18	23.057 37	23.065 56
32	23.633 45	23.641 36	23.649 27	23.657 18	23.664 99	23.672 80	23.680 61	23.688 42	23.696 23	23.704 04	23.711 85	23.719 66	23.727 47
33	24.296 78	24.304 39	24.311 90	24.319 41	24.326 92	24.334 43	24.341 94	24.349 45	24.356 96	24.364 47	24.371 98	24.379 49	24.386 99
34	24.960 11	24.967 32	24.974 53	24.981 74	24.988 95	24.996 16	25.003 37	25.010 58	25.017 79	25.024 99	25.032 20	25.039 41	25.046 62
35	25.623 44	25.630 35	25.637 26	25.644 17	25.650 98	25.657 79	25.664 60	25.671 41	25.678 22	25.685 03	25.691 84	25.698 65	25.705 46
36	26.286 77	26.293 28	26.299 79	26.306 30	26.312 81	26.319 32	26.325 83	26.332 34	26.338 85	26.345 36	26.351 87	26.358 38	26.364 89
37	26.950 10	26.956 31	26.962 52	26.968 73	26.974 94	26.981 15	26.987 36	26.993 57	26.999 78	27.005 99	27.012 20	27.018 41	27.024 62
38	27.613 43	27.619 34	27.625 25	27.631 16	27.637 07	27.642 98	27.648 89	27.654 80	27.660 71	27.666 62	27.672 53	27.678 44	27.684 35
39	28.276 76	28.282 27	28.287 78	28.293 29	28.298 80	28.304 31	28.309 82	28.315 33	28.320 84	28.326 35	28.331 86	28.337 37	28.342 88
40	28.940 09	28.945 30	28.950 61	28.955 92	28.961 23	28.966 54	28.971 85	28.977 16	28.982 47	28.987 78	28.993 09	28.998 40	29.003 71
41	29.603 42	29.608 33	29.613 24	29.618 15	29.623 06	29.627 97	29.632 88	29.637 79	29.642 70	29.647 61	29.652 52	29.657 43	29.662 34
42	30.266 75	30.271 36	30.275 97	30.280 58	30.285 19	30.289 80	30.294 41	30.299 02	30.303 63	30.308 24	30.312 85	30.317 46	30.322 07
43	30.930 08	30.934 29	30.938 50	30.942 71	30.946 92	30.951 13	30.955 34	30.959 55	30.963 76	30.967 97	30.972 18	30.976 39	30.980 60
44	31.593 41	31.597 22	31.601 03	31.604 84	31.608 65	31.612 46	31.616 27	31.620 08	31.623 89	31.627 70	31.631 51	31.635 32	31.639 13
45	32.256 74	32.260 15	32.263 56	32.266 97	32.270 38	32.273 79	32.277 20	32.280 61	32.283 99	32.287 38	32.290 77	32.294 16	32.297 55
46	32.920 07	32.923 18	32.926 29	32.929 40	32.932 51	32.935 62	32.938 73	32.941 84	32.944 95	32.948 06	32.951 17	32.954 28	32.957 39
47	33.583 40	33.586 11	33.588 82	33.591 53	33.594 24	33.596 95	33.599 66	33.602 37	33.605 08	33.607 79	33.610 50	33.613 21	33.615 92
48	34.246 73	34.249 04	34.251 35	34.253 66	34.255 97	34.258 28	34.260 59	34.262 90	34.265 21	34.267 52	34.269 83	34.272 14	34.274 45
49	34.910 06	34.911 97	34.913 88	34.915 79	34.917 70	34.919 61	34.921 52	34.923 43	34.925 34	34.927 25	34.929 16	34.931 07	34.932 98
50	35.573 39	35.574 90	35.576 41	35.577 92	35.579 43	35.580 94	35.582 45	35.583 96	35.585 47	35.586 98	35.588 49	35.589 99	35.591 50

Workers' Compensation and Rehabilitation Regulations 1982

Appendix II—continued

Years	26	27	28	29	30	31	32	33	34	35	36	37	38
Weeks	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
0	0.486 18	0.515 12	0.534 05	0.552 96	0.571 87	0.590 76	0.609 65	0.628 52	0.647 38	0.666 24	0.685 08	0.703 91	0.722 73
1	1.466 82	1.485 20	1.503 58	1.521 94	1.540 30	1.558 64	1.576 98	1.595 32	1.613 61	1.631 92	1.650 21	1.668 49	1.686 76
2	2.409 18	2.427 03	2.444 87	2.462 70	2.480 52	2.498 33	2.516 13	2.533 92	2.551 70	2.569 47	2.587 23	2.604 98	2.622 71
3	3.353 06	3.370 42	3.387 76	3.405 06	3.422 35	3.439 63	3.456 90	3.474 16	3.491 41	3.508 66	3.525 90	3.543 13	3.560 34
4	4.296 94	4.313 99	4.331 03	4.348 06	4.365 08	4.382 09	4.399 09	4.416 08	4.433 06	4.450 03	4.467 00	4.483 96	4.500 91
5	5.240 82	5.257 55	5.274 27	5.291 00	5.307 71	5.324 41	5.341 11	5.357 80	5.374 49	5.391 17	5.407 85	5.424 52	5.441 19
6	6.184 70	6.201 12	6.217 54	6.234 00	6.250 45	6.266 89	6.283 33	6.299 76	6.316 18	6.332 60	6.349 01	6.365 42	6.381 83
7	7.128 58	7.144 72	7.160 86	7.177 00	7.193 13	7.209 26	7.225 38	7.241 50	7.257 61	7.273 72	7.289 83	7.305 93	7.322 03
8	8.072 46	8.088 39	8.104 32	8.120 25	8.136 17	8.152 09	8.167 99	8.183 89	8.200 00	8.216 10	8.232 20	8.248 29	8.264 38
9	9.016 34	9.031 99	9.047 64	9.063 29	9.078 93	9.094 57	9.110 21	9.125 84	9.141 47	9.157 10	9.172 73	9.188 35	9.203 97
10	9.960 22	9.975 55	9.990 88	10.006 21	10.021 54	10.036 87	10.052 20	10.067 53	10.082 86	10.098 19	10.113 52	10.128 85	10.144 18
11	10.904 10	10.919 19	10.934 28	10.949 37	10.964 46	10.979 55	10.994 64	11.009 73	11.024 82	11.039 91	11.055 00	11.070 09	11.085 18
12	11.848 00	11.863 00	11.878 00	11.893 00	11.908 00	11.923 00	11.938 00	11.953 00	11.968 00	11.983 00	11.998 00	12.013 00	12.028 00
13	12.791 90	12.806 90	12.821 90	12.836 90	12.851 90	12.866 90	12.881 90	12.896 90	12.911 90	12.926 90	12.941 90	12.956 90	12.971 90
14	13.735 80	13.750 80	13.765 80	13.780 80	13.795 80	13.810 80	13.825 80	13.840 80	13.855 80	13.870 80	13.885 80	13.900 80	13.915 80
15	14.679 70	14.694 70	14.709 70	14.724 70	14.739 70	14.754 70	14.769 70	14.784 70	14.799 70	14.814 70	14.829 70	14.844 70	14.859 70
16	15.623 60	15.638 60	15.653 60	15.668 60	15.683 60	15.698 60	15.713 60	15.728 60	15.743 60	15.758 60	15.773 60	15.788 60	15.803 60
17	16.567 50	16.582 50	16.597 50	16.612 50	16.627 50	16.642 50	16.657 50	16.672 50	16.687 50	16.702 50	16.717 50	16.732 50	16.747 50
18	17.511 40	17.526 40	17.541 40	17.556 40	17.571 40	17.586 40	17.601 40	17.616 40	17.631 40	17.646 40	17.661 40	17.676 40	17.691 40
19	18.455 30	18.470 30	18.485 30	18.500 30	18.515 30	18.530 30	18.545 30	18.560 30	18.575 30	18.590 30	18.605 30	18.620 30	18.635 30
20	19.399 20	19.414 20	19.429 20	19.444 20	19.459 20	19.474 20	19.489 20	19.504 20	19.519 20	19.534 20	19.549 20	19.564 20	19.579 20
21	20.343 10	20.358 10	20.373 10	20.388 10	20.403 10	20.418 10	20.433 10	20.448 10	20.463 10	20.478 10	20.493 10	20.508 10	20.523 10
22	21.287 00	21.302 00	21.317 00	21.332 00	21.347 00	21.362 00	21.377 00	21.392 00	21.407 00	21.422 00	21.437 00	21.452 00	21.467 00
23	22.230 90	22.245 90	22.260 90	22.275 90	22.290 90	22.305 90	22.320 90	22.335 90	22.350 90	22.365 90	22.380 90	22.395 90	22.410 90
24	23.174 80	23.189 80	23.204 80	23.219 80	23.234 80	23.249 80	23.264 80	23.279 80	23.294 80	23.309 80	23.324 80	23.339 80	23.354 80
25	24.118 70	24.133 70	24.148 70	24.163 70	24.178 70	24.193 70	24.208 70	24.223 70	24.238 70	24.253 70	24.268 70	24.283 70	24.298 70
26	25.062 60	25.077 60	25.092 60	25.107 60	25.122 60	25.137 60	25.152 60	25.167 60	25.182 60	25.197 60	25.212 60	25.227 60	25.242 60
27	26.006 50	26.021 50	26.036 50	26.051 50	26.066 50	26.081 50	26.096 50	26.111 50	26.126 50	26.141 50	26.156 50	26.171 50	26.186 50
28	26.950 40	26.965 40	26.980 40	26.995 40	27.010 40	27.025 40	27.040 40	27.055 40	27.070 40	27.085 40	27.100 40	27.115 40	27.130 40
29	27.894 30	27.909 30	27.924 30	27.939 30	27.954 30	27.969 30	27.984 30	27.999 30	28.014 30	28.029 30	28.044 30	28.059 30	28.074 30
30	28.838 20	28.853 20	28.868 20	28.883 20	28.898 20	28.913 20	28.928 20	28.943 20	28.958 20	28.973 20	28.988 20	29.003 20	29.018 20
31	29.782 10	29.797 10	29.812 10	29.827 10	29.842 10	29.857 10	29.872 10	29.887 10	29.902 10	29.917 10	29.932 10	29.947 10	29.962 10
32	30.726 00	30.741 00	30.756 00	30.771 00	30.786 00	30.801 00	30.816 00	30.831 00	30.846 00	30.861 00	30.876 00	30.891 00	30.906 00
33	31.670 00	31.685 00	31.700 00	31.715 00	31.730 00	31.745 00	31.760 00	31.775 00	31.790 00	31.805 00	31.820 00	31.835 00	31.850 00
34	32.614 00	32.629 00	32.644 00	32.659 00	32.674 00	32.689 00	32.704 00	32.719 00	32.734 00	32.749 00	32.764 00	32.779 00	32.794 00
35	33.558 00	33.573 00	33.588 00	33.603 00	33.618 00	33.633 00	33.648 00	33.663 00	33.678 00	33.693 00	33.708 00	33.723 00	33.738 00
36	34.502 00	34.517 00	34.532 00	34.547 00	34.562 00	34.577 00	34.592 00	34.607 00	34.622 00	34.637 00	34.652 00	34.667 00	34.682 00
37	35.446 00	35.461 00	35.476 00	35.491 00	35.506 00	35.521 00	35.536 00	35.551 00	35.566 00	35.581 00	35.596 00	35.611 00	35.626 00
38	36.390 00	36.405 00	36.420 00	36.435 00	36.450 00	36.465 00	36.480 00	36.495 00	36.510 00	36.525 00	36.540 00	36.555 00	36.570 00
39	37.334 00	37.349 00	37.364 00	37.379 00	37.394 00	37.409 00	37.424 00	37.439 00	37.454 00	37.469 00	37.484 00	37.499 00	37.514 00
40	38.278 00	38.293 00	38.308 00	38.323 00	38.338 00	38.353 00	38.368 00	38.383 00	38.398 00	38.413 00	38.428 00	38.443 00	38.458 00
41	39.222 00	39.237 00	39.252 00	39.267 00	39.282 00	39.297 00	39.312 00	39.327 00	39.342 00	39.357 00	39.372 00	39.387 00	39.402 00
42	40.166 00	40.181 00	40.196 00	40.211 00	40.226 00	40.241 00	40.256 00	40.271 00	40.286 00	40.301 00	40.316 00	40.331 00	40.346 00
43	41.110 00	41.125 00	41.140 00	41.155 00	41.170 00	41.185 00	41.200 00	41.215 00	41.230 00	41.245 00	41.260 00	41.275 00	41.290 00
44	42.054 00	42.069 00	42.084 00	42.099 00	42.114 00	42.129 00	42.144 00	42.159 00	42.174 00	42.189 00	42.204 00	42.219 00	42.234 00
45	43.000 00	43.015 00	43.030 00	43.045 00	43.060 00	43.075 00	43.090 00	43.105 00	43.120 00	43.135 00	43.150 00	43.165 00	43.180 00
46	43.944 00	43.959 00	43.974 00	43.989 00	44.004 00	44.019 00	44.034 00	44.049 00	44.064 00	44.079 00	44.094 00	44.109 00	44.124 00
47	44.888 00	44.903 00	44.918 00	44.933 00	44.948 00	44.963 00	44.978 00	44.993 00	45.008 00	45.023 00	45.038 00	45.053 00	45.068 00
48	45.832 00	45.847 00	45.862 00	45.877 00	45.892 00	45.907 00	45.922 00	45.937 00	45.952 00	45.967 00	45.982 00	45.997 00	46.012 00
49	46.776 00	46.791 00	46.806 00	46.821 00	46.836 00	46.851 00	46.866 00	46.881 00	46.896 00	46.911 00	46.926 00	46.941 00	46.956 00
50	47.720 00	47.735 00	47.750 00	47.765 00	47.780 00	47.795 00	47.810 00	47.825 00	47.840 00	47.855 00	47.870 00	47.885 00	47.900 00



Workers' Compensation and Rehabilitation Regulations 1982

Appendix II—continued

Years	Weeks												
	39	40	41	42	43	44	45	46	47	48	49	50	51
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
0	1,705.54	1,793.27	1,741.52	1,759.75	1,777.97	1,796.17	1,814.37	1,832.56	1,850.74	1,868.91	1,887.07	1,905.21	1,923.35
1	2,640.45	2,658.17	2,675.88	2,693.59	2,711.30	2,728.99	2,746.61	2,764.22	2,781.82	2,799.41	2,817.01	2,834.61	2,852.20
2	3,548.33	3,566.03	3,583.72	3,601.41	3,619.10	3,636.78	3,654.45	3,672.12	3,689.78	3,707.44	3,725.09	3,742.73	3,760.36
3	4,430.35	4,447.06	4,463.75	4,480.43	4,497.11	4,513.78	4,530.44	4,547.09	4,563.73	4,580.36	4,596.98	4,613.59	4,630.19
4	5,286.40	5,302.62	5,318.82	5,335.02	5,351.21	5,367.39	5,383.56	5,399.72	5,415.87	5,432.01	5,448.14	5,464.27	5,480.38
5	6,117.51	6,133.26	6,148.99	6,164.72	6,180.43	6,196.14	6,211.84	6,227.53	6,243.21	6,258.88	6,274.54	6,290.20	6,305.84
6	6,924.42	6,939.70	6,954.98	6,970.25	6,985.50	6,999.75	7,016.00	7,031.23	7,046.45	7,061.67	7,076.88	7,092.07	7,107.26
7	7,707.82	7,722.66	7,737.49	7,752.31	7,767.13	7,781.93	7,796.73	7,811.52	7,826.30	7,841.07	7,855.84	7,870.59	7,885.34
8	8,468.41	8,482.81	8,497.21	8,511.60	8,525.99	8,540.36	8,554.73	8,569.09	8,583.44	8,597.78	8,612.11	8,626.44	8,640.76
9	9,206.84	9,220.83	9,234.81	9,248.78	9,262.74	9,276.70	9,290.65	9,304.59	9,318.52	9,332.44	9,346.36	9,360.27	9,374.17
10	9,923.76	9,937.34	9,950.92	9,964.48	9,978.04	9,991.59	10,005.13	10,018.66	10,032.19	10,045.71	10,059.22	10,072.73	10,086.22
11	10,619.81	10,632.99	10,646.17	10,659.34	10,672.50	10,685.66	10,698.80	10,711.94	10,725.08	10,738.21	10,751.32	10,764.43	10,777.53
12	11,295.58	11,308.38	11,321.17	11,333.96	11,346.74	11,359.51	11,372.27	11,385.03	11,397.78	11,410.52	11,423.26	11,435.99	11,448.71
13	11,951.66	11,964.09	11,976.51	11,988.93	12,001.33	12,013.73	12,026.13	12,038.51	12,050.89	12,063.26	12,075.63	12,087.99	12,100.34
14	12,588.64	12,600.71	12,612.77	12,624.82	12,636.87	12,648.90	12,660.94	12,672.96	12,684.98	12,696.99	12,708.99	12,720.99	12,732.98
15	13,207.07	13,218.78	13,230.49	13,242.19	13,253.89	13,265.58	13,277.25	13,288.93	13,300.60	13,312.26	13,323.92	13,335.58	13,347.21
16	13,807.48	13,818.86	13,830.22	13,841.58	13,852.94	13,864.28	13,875.61	13,886.96	13,898.29	13,909.61	13,920.93	13,932.23	13,943.54
17	14,390.41	14,401.45	14,412.49	14,423.52	14,434.54	14,445.56	14,456.57	14,467.57	14,478.57	14,489.56	14,500.55	14,511.53	14,522.50
18	14,956.85	14,967.42	14,977.98	14,988.53	14,999.07	15,009.60	15,020.12	15,030.63	15,041.14	15,051.64	15,062.13	15,072.61	15,083.09
19	15,506.82	15,516.23	15,526.63	15,537.03	15,547.42	15,557.80	15,568.18	15,578.55	15,588.92	15,599.28	15,609.63	15,619.98	15,630.33
20	16,049.38	16,059.38	16,069.38	16,079.36	16,079.66	16,089.75	16,089.82	16,089.89	16,100.02	16,100.07	16,100.12	16,100.16	16,100.16
21	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01	16,587.01
22	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23	17,115.23
23	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45	17,643.45
24	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67	18,171.67
25	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00	18,700.00
26	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33	19,228.33
27	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66	19,756.66
28	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00	20,285.00
29	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33	20,813.33
30	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67	21,341.67
31	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00	21,870.00
32	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33	22,398.33
33	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67	22,926.67
34	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00	23,455.00
35	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33	23,983.33
36	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67	24,511.67
37	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00	25,040.00
38	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33	25,568.33
39	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67	26,096.67
40	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00	26,625.00
41	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33	27,153.33
42	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67	27,681.67
43	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00	28,210.00
44	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33	28,738.33
45	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67	29,266.67
46	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00	29,795.00
47	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33	30,323.33
48	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67	30,851.67
49	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00	31,380.00
50	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33	31,908.33

APPENDIX III

(Reg. 19E)

REPORT NO. 118 OF THE NATIONAL ACOUSTIC LABORATORIES

APPENDIX 3

BINAURAL TABLES FOR DETERMINING PERCENTAGE LOSS OF HEARING

January, 1988

It is recommended that the following procedure be used to assess binaural percentage loss of hearing.

1. Measure the hearing threshold levels (HTLs) of the person at the audiometric frequencies 500, 1000, 1500, 2000, 3000 and 4000 Hz.
2. Determine the better and worse ears at each of these frequencies. At a particular frequency, the better ear is the ear with the smaller HTL. The better ear at one frequency may be the worse at another.
3. Using the HTLs of the better and worse ears, read the percentage loss of hearing (PLH) at each frequency from the appropriate table (Table RB-500, RB-1000, RB-1500, RB-2000, RB-3000 or RB-4000) and add these 6 values together to obtain the overall binaural PLH.

Example

HEARING THRESHOLD LEVELS					
Frequency	Right Ear	Left Ear	Better Ear	Worse Ear	PLH
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	7.1
					Overall Binaural PLH = 35.0%

TABLE RB—500

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN  
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 500 HZ

		HTL—BETTER EAR																HTL—WORSE EAR		
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90		≥95	
48	≤15	0																		
	20	0.4	0.6																	
	25	0.6	1.0	1.4																
	30	1.0	1.4	2.0	2.8															
	35	1.3	1.8	2.5	3.4	4.5														
	40	1.7	2.2	3.0	3.9	5.1	6.4													
	45	2.0	2.6	3.4	4.3	5.5	6.8	8.1												
	50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7											
	55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2										
	60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6									
	65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0								
	70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5							
	75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9						
	80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2					
	85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1				
	90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7			
	≥95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0		

TABLE RB—1000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN  
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1000 HZ

		HTL—BETTER EAR																HTL—WORSE EAR							
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90		≥95						
49	≤15	0																							
	20	0.5	0.8																						
	25	0.8	1.2	1.8																					
	30	1.2	1.7	2.5	3.5																				
	35	1.7	2.3	3.1	4.3	5.7																			
	40	2.1	2.8	3.7	4.9	6.3	8.0																		
	45	2.5	3.3	4.2	5.4	6.9	8.5	10.2																	
	50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1																
	55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0															
	60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7														
	65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5													
	70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2	17.8	19.4												
	75	3.8	4.7	5.8	7.1	8.5	10.0	11.5	13.1	14.8	16.4	18.1	19.7	21.1											
	80	3.9	4.9	6.0	7.3	8.6	10.1	11.7	13.3	15.0	16.7	18.4	20.0	21.5	22.7										
	85	4.1	5.0	6.2	7.4	8.8	10.3	11.8	13.4	15.1	16.9	18.6	20.3	21.7	23.0	23.9									
	90	4.2	5.2	6.3	7.5	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.4	21.9	23.2	24.1	24.6								
≥95	4.3	5.3	6.4	7.6	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.5	22.0	23.3	24.2	24.7	25.0								

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TABLE RB—1500

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1500 HZ

	HTL—BETTER EAR																	HTL—WORSE EAR
	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≥95	
≤15	0																	
20	0.4	0.6																
25	0.6	1.0	1.4															
30	1.0	1.4	2.0	2.8														
35	1.3	1.8	2.5	3.4	4.5													
40	1.7	2.2	3.0	3.9	5.1	6.4												
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1											
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5						
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9					
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2				
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1			
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7		
≥95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0	

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TABLE RB—2000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 2000 HZ

		HTL—BETTER EAR																HTL—WORSE EAR
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	
51	≤15	0																
	20	0.3	0.5															
	25	0.5	0.7	1.1														
	30	0.7	1.0	1.5	2.1													
	35	1.0	1.4	1.9	2.5	3.4												
	40	1.3	1.7	2.2	2.9	3.8	4.8											
	45	1.5	1.9	2.5	3.3	4.1	5.1	6.1										
	50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3									
	55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4								
	60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4							
	65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5						
	70	2.2	2.7	3.4	4.1	5.0	5.9	6.8	7.8	8.7	9.7	10.7	11.6					
	75	2.3	2.8	3.5	4.3	5.1	6.0	6.9	7.9	8.9	9.9	10.8	11.8	12.7				
	80	2.4	2.9	3.6	4.4	5.2	6.1	7.0	8.0	9.0	10.0	11.0	12.0	12.9	13.6			
	85	2.4	3.0	3.7	4.4	5.3	6.1	7.1	8.1	9.1	10.1	11.1	12.1	13.0	13.8	14.3		
	90	2.5	3.1	3.8	4.5	5.3	6.2	7.1	8.1	9.1	10.2	11.2	12.2	13.2	13.9	14.4	14.8	
	≥95	2.6	3.2	3.8	4.6	5.4	6.2	7.1	8.1	9.1	10.2	11.3	12.3	13.2	14.0	14.5	14.8	15.0

TABLE RB—3000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 3000 HZ

		HTL—BETTER EAR																		
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≥95		
52	≤15	0																		
	20	0.2	0.3																	
	25	0.3	0.5	0.7																
	30	0.5	0.7	1.0	1.4															
	35	0.7	0.9	1.2	1.7	2.3														
	40	0.8	1.1	1.5	2.0	2.5	3.2													
	45	1.0	1.3	1.7	2.2	2.7	3.4	4.1												
	50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8											
	55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6										
	60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3									
	65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0								
	70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7							
	75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4						
	80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1					
	85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5				
	90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8			
	≥95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	9.8	10.0	

HTL—WORSE EAR

TABLE EB—4000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 4000 HZ

		HTL—BETTER EAR															HTL—WORSE EAR
		≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	
53	≤20	0															
	25	0.1	0.2														
	30	0.2	0.3	0.5													
	35	0.3	0.4	0.6	0.9												
	40	0.4	0.5	0.8	1.0	1.5											
	45	0.5	0.7	0.9	1.2	1.6	2.1										
	50	0.6	0.8	1.0	1.4	1.7	2.2	2.6									
	55	0.6	0.8	1.1	1.5	1.8	2.2	2.7	3.1								
	60	0.7	0.9	1.2	1.5	1.9	2.3	2.7	3.2	3.6							
	65	0.7	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.6	4.0						
	70	0.8	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.7	4.1	4.5					
	75	0.8	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.7	4.1	4.5	4.9				
	80	0.9	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.8	4.2	4.6	5.0	5.3			
	85	0.9	1.2	1.4	1.8	2.1	2.5	2.9	3.4	3.8	4.3	4.7	5.1	5.4	5.7		
	90	0.9	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.8	4.3	4.7	5.1	5.5	5.7	5.9	
	≥95	1.0	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.9	4.3	4.8	5.2	5.5	5.7	5.9	6.0



TABLE EB—6000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 6000 HZ

		HTL—BETTER EAR														HTL—WORSE EAR	
		≤25	30	35	40	45	50	55	60	65	70	75	80	85	90		≥95
54	≤25	0															
	30	0.1	0.2														
	35	0.2	0.3	0.4													
	40	0.3	0.4	0.5	0.7												
	45	0.3	0.4	0.6	0.8	1.0											
	50	0.4	0.5	0.7	0.9	1.1	1.3										
	55	0.4	0.5	0.7	0.9	1.1	1.3	1.5									
	60	0.4	0.6	0.7	0.9	1.1	1.4	1.6	1.8								
	65	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0							
	70	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2						
	75	0.5	0.7	0.8	1.0	1.2	1.4	1.7	1.9	2.1	2.3	2.5					
	80	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7				
	85	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7	2.8			
	90	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9		
	≥95	0.6	0.8	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9	3.0	

APPENDIX 7  
BINAURAL EXTENSION TABLES

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These tables replace Table RB-4000 in the binaural tables given in Appendix 3 when it is necessary to determine binaural PLH over the range 500 to 8000 Hz. The weighting of 10% given to 4000 Hz in Appendix 3 has been split between 4000, 6000 and 8000 Hz, with 4000 Hz receiving 6%, 6000 Hz 3% and 8000 Hz 1%. When determining binaural PLH over the range 500 to 8000 Hz, the appropriate tables from Appendix 3 are used for the frequencies 500, 1000, 1500, 2000 and 3000 Hz and the relevant tables given in this Appendix are used for the frequencies 4000, 6000 and 8000 Hz.

Example

Frequency	Hearing Threshold Levels				PLH
	Right Ear	Left Ear	Better Ear	Worse Ear	
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	4.3
6000	55	75	55	75	1.7
8000	45	65	45	65	0.4
					Overall Binaural PLH = 34.3%

TABLE EB—8000

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 8000 HZ

		HTL—BETTER EAR												HTL—WORSE EAR
		≤30	35	40	45	50	55	60	65	70	75	80	85	
≤30	0													
35	0.1	0.1												
40	0.1	0.1	0.1											
45	0.1	0.1	0.2	0.2										
50	0.2	0.2	0.2	0.3	0.3									
55	0.2	0.2	0.2	0.3	0.4	0.4								
60	0.2	0.2	0.2	0.3	0.4	0.4	0.5							
65	0.2	0.2	0.3	0.3	0.4	0.5	0.5	0.6						
70	0.2	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7					
75	0.2	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.8				
80	0.2	0.2	0.3	0.3	0.4	0.5	0.6	0.6	0.7	0.8	0.8			
85	0.2	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9		
≥90	0.2	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9	1.0

[Appendix III inserted in Gazette 26 February 1991 pp. 947-956.]

*Workers' Compensation and Rehabilitation Regulations 1982*

**NOTES**

<sup>1</sup> This reprint is a compilation as at 30 April 1992 of the *Workers' Compensation and Rehabilitation Regulations 1982* and includes all amendments effected by the other regulations referred to in the following table.

**Table of Regulations**

Regulations	Gazettal	Commencement Miscellaneous
<i>Workers' Compensation and Assistance Regulations 1982</i> Corrigendum 23 April 1982	8 April 1982 pp. 1229-1250	3 May 1982 see regulation 2 and <i>Gazette</i> 8 April 1982 p. 1205
<i>Workers' Compensation and Assistance Amendment Regulations 1982</i>	14 May 1982 p. 1519	14 May 1982
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1982</i>	27 August 1982 pp. 3427-9	27 August 1982
<i>Workers' Compensation and Assistance Amendment Regulations 1983</i>	30 December 1983 p. 5121	30 December 1983
<i>Workers' Compensation and Assistance Amendment Regulations 1986</i>	25 July 1986 pp. 2484-5	25 July 1986 see regulation 2 and <i>Gazette</i> 25 July 1986 p. 2453
<i>Workers' Compensation and Assistance Amendment Regulations 1987</i>	22 May 1987 p. 2193	22 May 1987 see regulation 2 and <i>Gazette</i> 22 May 1987 p. 2167
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1987</i>	19 June 1987 p. 2410	1 July 1987 see regulation 2
<i>Workers' Compensation and Assistance Amendment Regulations 1988</i>	2 September 1988 p. 3464	2 September 1988

*Workers' Compensation and Rehabilitation Regulations 1982*

Table of Regulations—*continued*

Regulations	Gazettal	Commencement Miscellaneous
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1989</i>	22 September 1989 pp. 3490-1	22 September 1989
<i>Workers' Compensation and Assistance Amendment Regulations 1991</i>	26 February 1991 pp. 933-56	1 March 1991 see regulation 2 and <i>Gazette</i> 1 March 1991 p. 967
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1991</i>	8 March 1991 p. 1071-79	8 March 1991 see regulation 2 and <i>Gazette</i> 8 March 1991 p. 1030
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1991</i>	28 June 1991 pp. 3291-4	1 July 1991 see regulation 2
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1991</i>	6 December 1991 pp. 6118-9	6 December 1991
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1992</i>	3 April 1992 pp. 1540-1	3 April 1992
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1992</i>	3 April 1992 pp. 1541-5	3 April 1992