

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
PENSACOLA DIVISION**

IN RE: 3M COMBAT ARMS	)	Case No. 3:19-md-02885
EARPLUG PRODUCTS LIABILITY	)	
LITIGATION	)	Judge M. Casey Rodgers
	)	
	)	Magistrate Judge Hope T. Cannon
This Document Relates to:	)	
All Cases	)	
_____	)	

**CASE MANAGEMENT ORDER NO. 57  
(Case Management Order For Any Ongoing Litigation Against Defendants)**

This Case Management Order (“CMO”) applies to:

- (i) All individuals alleging claim(s) of any nature against 3M Company, 3M Occupational Safety LLC, Aearo LLC, Aearo Holding LLC, Aearo Intermediate LLC, and Aearo Technologies LLC (“Defendants”) who were identified pursuant to the Courts’ Identification Order (CMO 60), but have elected not to participate in the Settlement Program as outlined in the Master Settlement Agreement (“Settlement Agreement”) entered between Plaintiffs’ Leadership Counsel and the Defendants on August 29, 2023<sup>1</sup>; and

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<sup>1</sup> The Combat Arms Master Settlement Agreement is available on the Court’s public website for the 3M MDL, <https://www.flnd.uscourts.gov/3m-products-liability-litigation-mdl-no-2885>.

- (ii) all individuals alleging claim(s) of any nature against Defendants that are not identified pursuant to the Court's Identification Order (CMO 60) and whose cases are filed in, refiled in, removed to, or transferred into this Court after the date of this Order.<sup>2</sup>

Collectively, the cases that fall within any of the categories above shall be referred to as "Litigating Plaintiffs."

Consistent with the Court's inherent authority to manage these judicial proceedings, and in light of the settlements entered after many years of difficult and costly litigation in this MDL, the Court finds it appropriate at this time to exercise its discretion to enter this Order to fairly, effectively, and efficiently manage any cases going forward against Defendants by Litigating Plaintiffs. This Order requires all Litigating Plaintiffs to produce certain specified information regarding their claim(s) and provides deadlines to meet certain requirements relating to product use, alleged injury, causation, time-based defenses, and related dispositive motion practice, prior to any further supplemental discovery. Litigating Plaintiffs, including Plaintiffs who represent themselves *pro se*, shall be bound by the requirements of

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<sup>2</sup> To the extent a case is filed, removed to, or transferred into this Court between the date of this Order and the Reference Date as defined in CMO 60 (the Identification Order), and is later identified pursuant to the Identification Order, this Order shall no longer apply. However, should such case not be so identified under the Identification Order, the obligations and deadlines set forth herein remain in full force and effect. *But see* CMO 58 at ¶ 5 (additional requirements for cases previously dismissed without prejudice).

this Order and shall fully comply with all obligations required of Counsel by this Order, unless otherwise stated. It should be noted that some of the requirements and deadlines in this Order are subject to a cure period, whereas others are not. There will be no show cause orders issued in connection with any deficiencies. Given the unprecedented size and complexity of this MDL, the Court will require strict adherence to all aspects of this Order. Failure to strictly comply with this Order will result in a dismissal with prejudice.

This Order will remain in effect at least until April 15, 2031.

## **I. BACKGROUND AND STATUS OF PROCEEDINGS**

1. On April 3, 2019, the United States Judicial Panel on Multidistrict Litigation (“JPML”) established MDL No. 2885 to centralize cases against Defendants concerning the design, testing, sale, and marketing of the Combat Arms Version 2 earplug (“CAEv2”). Over 320,000 cases have been filed in or removed to this MDL.

2. District courts have inherent powers to manage their cases, particularly with respect to “massive litigation.” *In re Asbestos Prods. Liab. Litig.* (No. VI), 718 F.3d 236, 243 (3d Cir. 2013) (*quoting In re Fannie Mae Sec. Litig.*, 552 F.3d 814, 822-23 (D.C. Cir. 2009)) (“[d]istrict judges ‘must have authority to manage their dockets, especially during [a] massive litigation’”); *see also Ramirez v. T&H Lemont, Inc.*, 845 F.3d 772, 776 (7th Cir. 2016) (“a court has the inherent authority

to manage judicial proceedings and to regulate the conduct of those appearing before it”); *F.J. Hanshaw Enters., Inc. v. Emerald River Dev., Inc.*, 244 F.3d 1128, 1136 (9th Cir. 2001) (citation omitted) (“All federal courts are vested with inherent powers enabling them to manage their cases and courtrooms effectively and to ensure obedience to their orders.”). The district court’s power extends to, for example, “controlling and scheduling discovery, including orders affecting disclosures and discovery under Rule 26 and Rules 29 through 37,” “adopting special procedures for managing potentially difficult or protracted actions that may involve complex issues, multiple parties, difficult legal questions, or unusual proof problems,” and “facilitating in other ways the just, speedy, and inexpensive disposition of the action.” Fed. R. Civ. P. 16(c)(2)(F), (L) & (P).

3. “[M]ultidistrict litigation ‘presents a special situation, in which the district judge must be given wide latitude with regard to case management in order to effectively achieve the goals set forth by the legislation that created the Judicial Panel on Multidistrict Litigation.’ This wide latitude applies, in particular, to issuing discovery orders, and to dismissing actions for non-compliance with such orders.” *In re Avandia Mktg., Sales Pracs. & Prods. Liab. Litig.*, 687 F. App’x 210, 214 (3d Cir. 2017) (internal citation omitted); see *In re Asbestos Prods. Liab. Litig.* (No. VI), 718 F.3d at 246 (“[A]dministering cases in multidistrict litigation is different from administering cases on a routine docket.”). As discussed below, the magnitude and

complexity of *this* multidistrict litigation, in particular, presents unique and unprecedented case management needs.

4. Case Management Orders that “streamline litigation in complex cases” have been “routinely used by courts to manage mass tort cases.” *In re Vioxx Prod. Liab. Litig.*, 557 F. Supp. 2d 741, 743 (E.D. La. 2008) (internal citations omitted). Appellate courts have regularly upheld their use in MDL cases. *See, e.g., In re Phenylpropanolamine (PPA) Prods. Liab. Litig.*, 460 F.3d 1217, 1232 (9th Cir. 2006) (noting “[c]ase management orders are the engine that drives disposition on the merits” and finding no abuse of discretion in MDL court’s dismissal of claims for failure to comply with discovery and product identification case management orders); *United States v. Graf*, 610 F.3d 1148, 1169 (9th Cir. 2010) (citing *United States v. W.R. Grace*, 526 F.3d 499, 508-09 (9th Cir. 2008) (en banc)) (“A district court has broad authority to enter pretrial case management orders to ensure that the trial proceeds efficiently.”); *see also In re Avandia*, 687 F. App’x at 214 (affirming MDL court’s dismissal for failure to comply with an order requiring that future plaintiffs provide an expert report) (citation omitted); *Dzik v. Bayer Corp.*, 846 F.3d 211, 216 (7th Cir. 2017) (affirming MDL court’s dismissal for failure to comply with discovery order and noting, “[d]istrict courts handling complex, multidistrict litigation ‘must be given wide latitude with regard to case management’ in order to achieve efficiency”) (citation omitted); *Acuna v. Brown & Root, Inc.*, 200 F.3d 335,

340 (5th Cir. 2000) (such “orders are designed to handle the complex issues and potential burdens on defendants and the court in mass tort litigation. In the federal courts, such orders are issued under the wide discretion afforded district judges over the management of discovery under Fed. R. Civ. P. 16”).

5. The broad discretion afforded to the district court enables it to enter rigorous case management orders after substantial discovery has taken place in a mature mass tort or multidistrict litigation when a defendant has taken steps to settle a significant portion of the claims pending against it. *Avila v. Willits Env't Remediation Tr.*, 633 F.3d 828, 833 (9th Cir. 2011) (noting such orders are authorized by district judge's “broad discretion to manage discovery and to control the course of litigation under Federal Rule of Civil Procedure 16”). Other MDL courts have exercised their discretion and inherent authority to enter orders establishing certain discovery and other requirements for future cases filed against settling defendants in tort litigation. *See, e.g., In re American Med. Sys., Inc. Pelvic Repair Sys. Prods. Liab. Litig.*, MDL No. 2325, Pretrial Order # 239, ECF No. 4272 (S.D.W. Va. June 7, 2017) (establishing requirements for future claims against a defendant due to “recent settlement developments” of thousands of claims after more than three years of litigation); *In re Zostavax (Zoster Vaccine Live) Prods. Liab. Litig.*, No. CV 18-MD-2848, 2022 WL 952179, at \*2-3 (E.D. Pa. Mar. 30, 2022) (quoting 28 U.S.C. § 1407(a)) (“A Lone Pine management order is the only viable

way that ‘will promote the just and efficient conduct of [these] actions’” after three years of discovery and plaintiffs’ experts’ causation opinions “fall[ing] short in all bellwether cases”); *In re Testosterone Replacement Therapy Prods. Liab. Litig.*, MDL No. 2545, Case Management Order No. 126, ECF No. 2716 at 1-2 (N.D. Ill. June 11, 2018) (finding it appropriate to enter an order to manage remaining litigation in light of the parties’ settlement agreements entered after over four years of litigation).

6. This MDL is in its fifth year. During this time, an extraordinary amount of energy, time, and cost has been expended by the parties and the Court. The Court has exercised its discretion and inherent authority to establish discovery and related procedures for the various phases of the litigation. Fed. R. Civ. P. 1; Fed. R. Civ. P. 16(c). There were early and ongoing efforts to determine the litigation’s scope through a census process, DD214 Form production requirements, and procedures for transitioning individual cases from the Administrative Docket to the Active Docket. The parties and the Court also collaboratively developed a robust framework for the effective and efficient management of the litigation, which involved two Science Days, vendor/technology proceedings, a presentation on the *Touhy* regulations by the Department of Defense and United States Attorney’s Office, meetings at the Pentagon and at the Department of Justice with the parties and federal officials, and numerous case management conferences and conference

calls with Plaintiffs' and Defendants' counsel. Extensive corporate, military, and expert discovery has occurred, followed by omnibus briefing, oral argument, and rulings on significant substantive motions, including 341 motions to remand to Minnesota state court filed on behalf of more than 5,700 plaintiffs, and cross-motions for summary judgment on the federal government contractor defense. Case-specific discovery for 19 bellwether plaintiffs followed, as well as discovery and dispositive motions practice for 374 Wave 1 cases, culminating in rulings on more than 260 motions in limine, 109 *Daubert* challenges, 47 choice of law disputes, 42 case-specific summary judgment motions, and 21 post-trial motions, not to mention countless discovery, procedural, and/or logistical disputes. Sixteen bellwether trials were conducted over 14 months, resulting in 19 jury verdicts. The undersigned conducted six bellwether trials (one of which consolidated three plaintiffs and another consolidated two plaintiffs), and district judges from around the Eleventh Circuit conducted 10 others. Multiple appeals from the bellwether cases are now pending in the Eleventh Circuit Court of Appeals. In July 2022, five of the six defendants (the "Aearo defendants") in this litigation filed petitions for Chapter 11 bankruptcy in the Southern District of Indiana, triggering an automatic stay of litigation against them. The bankruptcy court declined to extend the stay to Defendant 3M Company, so the CAE Claims against 3M in the MDL continued unabated by the bankruptcy proceeding but obviously in a complicated



fashion. Thereafter, the Court entered an order precluding 3M from attempting to avoid any portion of its alleged CAE liability in the MDL by shifting blame to the Aearo defendants, *sua sponte* certified that order for interlocutory appeal, and stayed discovery, trials, and/or remands in individual cases pending resolution of the interlocutory appeal; 3M's petition for interlocutory appeal has been ripe before the Eleventh Circuit Court of Appeals since January 2023. In the meantime, the Aearo defendants' bankruptcy petitions were dismissed on June 9, 2023; however, the dismissal order has been certified for direct appeal to the Seventh Circuit Court of Appeals. And today, there remains an inventory of more than 240,000 plaintiffs whose claims need resolution.

7. The Court is aware that, without admission of fault or liability, Defendants have entered into a Settlement Agreement to resolve the cases in this MDL.

8. Although every MDL presents unique challenges, this one has been particularly challenging and frankly unprecedented, given its size. Accordingly, consistent with its broad discretion and inherent authority to manage the "complex issues, multiple parties, difficult legal questions, [and] unusual proof problems" involved in a litigation of this unprecedented magnitude and cost, the Court finds it necessary and appropriate to enter this Case Management Order governing the discovery obligations of Litigating Plaintiffs. *See Adinolfi v. United Tech. Corp.*,

768 F.3d 1161, 1167 (11th Cir. 2014) (quoting Fed. R. Civ. P. 16(c)(2)(L)). As discussed above, sweeping corporate, military, expert, and case-specific discovery has identified all of the relevant evidence—and the myriad of nuanced evidentiary issues—needed to evaluate and adjudicate a CAE Claim. Voluminous substantive motions practice, and equally voluminous rulings, have defined the legal landscape. Beyond that, 16 bellwether trials and 19 verdicts have provided unparalleled insight into the strengths and weaknesses of the various claims and defenses and how juries respond to the evidence, all of which has clearly informed all parties of the risks and costs associated with the litigation. Based on the Court’s experience with the bellwether and Wave cases, pursuit of each of the individual cases in this MDL will be extraordinarily difficult, lengthy, and expensive for both sides. Continued litigation also will require an enormous amount of time and resources from the entire federal judiciary. Indeed, for the last three years, the cases in this MDL have dominated the federal civil docket, and this MDL is by far the largest in the history of the federal judiciary.<sup>3</sup> Once individual cases are ready for remand, federal district court dockets around the country will be flooded with tens

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<sup>3</sup> See Chief Justice John Roberts, 2022 Year-End Report on the Federal Judiciary at 6-7 (Dec. 31, 2022), *available at* <https://www.supremecourt.gov/publicinfo/year-end/2022year-endreport.pdf>; *see id.*, 2021 Year-End Report on the Federal Judiciary at 8 (Dec. 31, 2021), *available at* <https://www.supremecourt.gov/publicinfo/year-end/2021year-endreport.pdf>; *see id.*, 2020 Year-End Report on the Federal Judiciary at 6, *available at* <https://www.supremecourt.gov/publicinfo/year-end/2020year-endreport.pdf>.

of thousands of cases needing to be set for trial. Given the advanced stage of this unprecedentedly massive, complex, and unique litigation, and the unparalleled volume of data available to all stakeholders regarding both individual claims and the broader whole, the Court finds it reasonable and imperative to require Litigating Plaintiffs to come forward and fulfill the stringent discovery obligations set forth in this Case Management Order, and the accompanying exhibit, before both sides begin incurring the substantial costs involved with preparing a CAE Claim for trial.

9. For the foregoing reasons, the Court orders as follows:

## **II. STAY OF PROCEEDINGS INVOLVING THE PARTIES**

10. The Court believes that the focus of all parties' efforts should be on implementation of the Settlement, which will take significant time and effort. Accordingly, the Court shall stay all proceedings involving Plaintiffs that are identified on an Identification Order Declaration and are considering or have registered for the Settlement. Except for the requirements and procedures described in this Order, all proceedings involving Litigating Plaintiffs are hereby stayed as to the Defendants. This stay shall remain in effect until it is lifted by order of the Court.

## **III. TRANSITION OF ADMINISTRATIVE DOCKET**

11. To the extent that a Litigating Plaintiff's case resides on the Administrative Docket, within fourteen (14) days of electing not to settle his/her claims, counsel for the Litigating Plaintiff is required to do all of the following:

- a. File a Notice to Transition in the Litigating Plaintiff’s individual case on the administrative docket (*i.e.*, Notices to Transition will not be filed on the main administrative docket). In CM/ECF, counsel will select “Notice of Transition” as the event. Litigating Plaintiff’s counsel who are already admitted to this Court must also add themselves as counsel of record at this time.
- b. File a Notice of Designated Forum in the Litigating Plaintiff’s individual case, identifying the federal district in which the case could have been filed in the absence of direct filing on the administrative docket. When submitting a Notice of Designated Forum, counsel must select “Notice – Other” as the event and identify the designated forum in the text description prior to submitting the filing. For example, “Notice of Designated Forum – Florida Northern” or “Notice of Designated Forum – FLND.”
- c. Download a copy of the filed Short Form Complaint from PACER, showing a PACER timestamp and electronically forward this to BrownGreer PLC for service on Defendants.
- d. Pay the filing fee. To pay the fee, counsel must select “Filing Fee for Multidistrict Litigation (MDL) Case” as the event.

- e. If not already admitted to the bar of this district, Litigating Plaintiff's counsel must also seek *pro hac vice* admission in accordance with Pretrial Order No. 3, ECF No. 4, and Case Management Order No. 1, ECF No. 86

12. If a Litigating Plaintiff whose case resides on the Administrative Docket fails to timely transition his/her case and fully comply with all of the requirements of Paragraphs 11(a) to 11(e) above, the Litigating Plaintiff's case shall be dismissed with prejudice.

13. **NOTE:** Cases that are not on an Identification Order Declaration and that are filed after the Reference Date (September 12, 2023) must be filed on the active docket. The Administrative Docket is closed and unavailable for such cases.

#### **IV. PRESERVATION NOTICE REQUIREMENTS**

14. No later than thirty (30) days after the date a Litigating Plaintiff files his/her case on the active docket, is transferred to this Court by the JPML, or in the case of Section III above, transitions his/her case to the Active Docket, Counsel for any Litigating Plaintiff or a *pro se* Litigating Plaintiff shall notify the following individuals or entities, by registered mail, that they may have records relevant to the Litigating Plaintiff's claim in this MDL Proceeding and that any records relating to the Litigating Plaintiff must be preserved pursuant to this Court's June 17, 2019

Order for Preservation of Documents and Electronically Stored Information (ECF No. 440), pending collection by the Litigating Plaintiff:

- a. All physicians and/or other healthcare providers, including mental health treatment providers, who, for any reason, treated the Litigating Plaintiff;
- b. If a Litigating Plaintiff is seeking lost wages, all of his or her employers for the period from three (3) years prior to the date for which he or she is seeking lost wages through the last day for which Litigating Plaintiff is seeking lost wages;
- c. If a Litigating Plaintiff is seeking lost wages, all of his or her tax preparers or advisors, if any, for the period from three (3) years prior to the date for which he or she is seeking lost wages through the last day for which Litigating Plaintiff is seeking lost wages.

15. A copy of this Court's June 17, 2019 Order for Preservation of Documents and Electronically Stored Information (ECF No. 440) shall be attached to the Notice and all copies of the Notice shall be preserved by Counsel for the Litigating Plaintiff for so long as the claim remains pending in this Proceeding.

16. Counsel for the Litigating Plaintiff shall also serve a statement listing the names and addresses of all individuals or entities to which Notices were sent, along with copies of the Notices and a signed certification that the Notices were sent

as required by this Order. Service by the Litigating Plaintiffs shall be made to Counsel for Defendants via MDL Centrality within the deadline to send the Notices as required by this Order (*i.e.*, 30 days).

17. Litigating Plaintiffs who fail to fully comply with the requirements of this Order shall be given notice by MDL Centrality, email, or fax from Defendants' Counsel and shall be provided thirty (30) additional days to cure such deficiency ("Cure Period"). The Court will be notified by the Settlement Data Administrator, BrownGreer PLC, of any Litigating Plaintiff who failed to cure following notice and those Plaintiffs' claims will be dismissed with prejudice. **Counsel for Litigating Plaintiffs and Litigating Plaintiffs themselves are hereby on notice that the Court expects full compliance with the notice provided by the Settlement Data Administrator, as the Administrator has been delegated authority from the Court to process deficiencies in this manner. Failure to strictly comply will be grounds for dismissal with prejudice without further notice.**

18. Litigating Plaintiffs may not seek to introduce into evidence at trial any document or information from the Litigating Plaintiff's physician, other healthcare provider, employer, or tax preparer if a Notice was not sent to the Litigating Plaintiff's physician, other healthcare provider, employer, or tax preparer as required by this Order. A Litigating Plaintiff who fails to comply with this Order may also be subject to other sanctions or orders.

**V. LITIGATING PLAINTIFFS' REQUIREMENTS TO PRODUCE CERTAIN SPECIFIED INFORMATION REGARDING THEIR CLAIMS**

**A. Litigating Plaintiffs' Production Requirements**

19. All Litigating Plaintiffs shall serve the following documents and/or information upon Counsel for Defendants through MDL Centrality within the timeframe provided in Section VII, unless otherwise stated – *see* paragraph 12. All Litigating Plaintiffs' productions shall comply with the search, production, and certification requirements of paragraphs 2, 3, 4, 5, 6, 7, and 9 of Pretrial Order 42. The production of each required category of documents and/or information must be made separately on a category-by-category basis via MDL Centrality using the correct document description for each category.

**(a) Litigating Plaintiffs' Production Requirements**

- (1) All disclosures required by Fed. R. Civ. P. 26(a).
- (2) Plaintiff Fact Sheet. Each Litigating Plaintiff must prepare a Fact Sheet in the form attached hereto as Exhibit 1, signed under penalty of perjury. Admissions regarding matters contained in verified Fact Sheets shall be treated as conclusively established unless the Court, on motion, permits the admission to be withdrawn or amended.



- (3) Medical Records. All medical records, including mental health records, relating to the Litigating Plaintiff from any time before, during, and after the Litigating Plaintiff's military service. If the Litigating Plaintiff alleges that the CAEv2 has exacerbated or otherwise impacted a diagnosed mental health condition or the symptoms associated with a diagnosed mental health condition, the Litigating Plaintiff must produce all mental health records in full with no redactions. If the Litigating Plaintiff believes certain portions of mental health treatment records are not relevant to his or her claims, he or she may narrowly redact only those portions of the records reflecting only the information that is claimed to be irrelevant. However, a Litigating Plaintiff shall not: (i) withhold any mental health record in its entirety; (ii) redact any portion of a mental health record related solely to provider, date, or location of the treatment; (iii) redact any portion of a mental health record that discusses or describes in any way the existence or non-existence of, the cause of, or the effects of any alleged hearing loss and/or tinnitus they may have; (iv) redact any portion of a mental health record that discusses or describes in any way events involving noise exposures (*e.g.*, hearing blasts or

gunfire); or (v) redact any portion of a mental health record that discusses or describes in any way conditions or problems that the Litigating Plaintiff otherwise has attributed or reasonably could attribute to his or her alleged hearing loss and/or tinnitus (*e.g.* problems sleeping, inability or difficulty working, problems with significant others/family members). Any Litigating Plaintiff who produces redacted mental health records at the time of the production must serve on Defendants a certification stating that the Litigating Plaintiff is not claiming that the CAEv2 has impacted a diagnosed mental health condition or symptom associated with a diagnosed mental health condition. This certification shall be treated as a binding admission conclusively established pursuant to Federal Rule of Civil Procedure 36. In addition, the Litigating Plaintiff must certify compliance with this entire paragraph including subparts (i) through (v) above. At the time of production, the Litigating Plaintiff must serve Defendants with a redaction log, separately identifying by Bates number each page containing a mental health redaction and the basis for that redaction. A failure to fully and timely comply with these requirements shall be subject to Section VII.

- (4) Hearing Test Summary. Each Litigating Plaintiff must produce a summary of all audiograms or hearing tests documented or referenced in any medical record or military audiogram form. The Hearing Test Summary must be provided in the format shown in Exhibit 2 to this Order. Citations to specific records reflecting each audiogram or hearing test must be provided in the summary chart. In addition, excerpts from Litigating Plaintiff's records documenting audiogram or hearing test results and related records from the same medical visit must be attached as exhibits to the Hearing Test Summary. Counsel must supervise the creation of the Hearing Test Summary and must attest that the summary is based on a comprehensive review of all Litigating Plaintiff's military and non-military hearing tests and medical records and is complete and accurate.
- (5) Summary of Hearing-Related Medical Records. Each Litigating Plaintiff must produce a Summary of Hearing-Related Medical Records. The Summary of Hearing-Related Medical Records must be provided in the format shown in Exhibit 3 to this Order. Citations to specific records must be provided in the summary. In addition, excerpts from Litigating Plaintiff's records

containing the relevant information and information from the same medical visits must be attached as exhibits to the Summary of Hearing-Related Medical Records. Counsel must supervise the creation of the Summary of Hearing-Related Medical Records and must attest that the summary is based on a comprehensive review of all Litigating Plaintiff's military and non-military medical records and is complete and accurate.

- (6) Records Relating to Use of the CAEv2 and Other Hearing Protection Devices. All documents evidencing any use or non-use of the CAEv2 or other hearing protection devices, including but not limited to photos, videos, messages, emails, or other communications relating to the use of any hearing protective device or exposure to any loud noise without hearing protection.
- (7) Personnel Records. All military personnel records, including but not limited to the Litigating Plaintiff's DD214, Enlisted Record Brief or Officer Record Brief, enlistment records (including enlistment physical), and any records related to any change in service as a result of any injury or disability.
- (8) Photos and Videos From Plaintiff's Time in Service. All photos and/or videos from the Litigating Plaintiff's time in service,

including but not limited to photos and/or videos of the Litigating Plaintiff that have been posted on any social media account (*e.g.* MySpace, Facebook, Instagram, YouTube, etc.).

- (9) Documents Relating to Injuries. All documents relating to the Litigating Plaintiff's alleged hearing loss and/or tinnitus including but not limiting to messages, emails, or other communications discussing the cause, extent, or impact of any alleged hearing loss and/or tinnitus and any other ear-related complaint, problem, or condition.
- (10) Non-Privileged Communications Relating to Litigation. All non-privileged communications relating to this litigation, including but not limited to messages, emails, or other communications relating to the existence of the litigation, knowledge of other plaintiffs' involvement in the litigation, activity within the litigation, recommendations or consideration of joining the litigation, and/or obtaining or providing evidence or testimony in connection with any potential claim involving the CAEv2 whether asserted by the Litigating Plaintiff or any other plaintiff.
- (11) Record Collection Production. The Litigating Plaintiff and his/her Counsel shall affirmatively collect and produce such

records from all available sources in the Litigating Plaintiff's possession, custody, or control, which includes but is not limited to any relevant records that can be collected from the Litigating Plaintiff's medical facilities and health care providers that treated the Litigating Plaintiff at any time. Counsel for the Litigating Plaintiff shall be responsible for submitting necessary authorizations or other requests required to obtain the Litigating Plaintiff's medical records, personnel files, and other documents required by this Order. A Litigating Plaintiff and his/her Counsel shall not be in compliance with this CMO by only producing authorizations to allow the Defendants to collect such records.

- (12) Identification of Choice of Law. Counsel for the Litigating Plaintiff must affirmatively identify the choice of law the Litigating Plaintiff asserts should apply to his/her claim and an explanation for the choice based on the Litigating Plaintiff's alleged CAEv2 use. Plaintiff's Choice of Law shall be filed on the docket. Counsel should then download a copy of the Identification of Choice of Law from PACER showing a PACER timestamp, and then serve that Identification of Choice of Law via MDL Centrality.

(13) Affidavit. An affidavit signed by the Litigating Plaintiff's Counsel attesting (i) that the Litigating Plaintiff has provided a Fact Sheet, executed under penalty of perjury; (ii) that all available records described in Sections IV - V have been collected; (iii) that the Litigating Plaintiff's production complies with all of the requirements of Pretrial Order 42 (as required by Pretrial Order 42 paragraph 7); (iv) that all records collected have been produced pursuant to this CMO; and (v) that counsel has met in person with the Litigating Plaintiff, personally investigated the merit of Litigating Plaintiff's claim and satisfied himself or herself that they are meritorious, and discussed, in person, with the Litigating Plaintiff their claims and likelihood of success. The affidavit shall also state when and how Counsel investigated the claims with the Litigating Plaintiff. If any of the documents or records described in Sections IV - V do not exist or exist but cannot be obtained, the signed affidavit by the Litigating Plaintiff's Counsel shall state that fact and the reasons why such materials do not exist or cannot be obtained, and shall provide a "No Records Statement" from each records custodian or proof of return to sender from the United States Postal Service

if the last known address of the medical provider is no longer valid.

**(b) Litigating Plaintiffs' Proof of Use Requirements**

20. All Litigating Plaintiffs shall provide, within the timeframe provided in Section VII: (i) all available documentation, created on or before July 26, 2018, establishing that such Litigating Plaintiff used the CAEv2; and (ii) a declaration setting forth the first date when the Litigating Plaintiff used the CAEv2, the last date when the Litigating Plaintiff used the CAEv2, and the intervening date ranges when the Litigating Plaintiff used the CAEv2.

21. Service shall be made to Counsel for Defendants via MDL Centrality.

**(c) Litigating Plaintiffs' Proof of Injury Requirements**

22. All Litigating Plaintiffs claiming hearing loss shall serve upon the Defendants via MDL Centrality, within the timeframe provided in Section VII, one of the following:

- (i) two audiograms establishing hearing loss when comparing (a) an audiogram dated no earlier than one year prior to the beginning of use of the CAEv2 and no later than two years after the beginning of use and (b) an audiogram dated no earlier than the end of use and no later than two years after the end of use; or



- (ii) only if no audiogram within two years after the end of use exists, two audiograms establishing hearing loss when comparing (a) an audiogram dated no earlier than one year prior to the beginning of use of the CAEv2 and no later than two years after the beginning of use and (b) an audiogram performed for purposes other than this litigation more than two years after the end of use, along with an explanation for why no earlier post-usage audiogram exists; or
- (iii) current audiological testing, as documented by a qualified examiner mutually agreed to by the Litigating Plaintiff and Defendants and paid at the Litigating Plaintiff's expense, and establishing hearing loss when comparing the current audiogram to an audiogram dated no earlier than one year prior to the beginning of use and no later than one year before the end of use, along with an explanation for why no earlier post-usage audiogram exists.

23. All Litigating Plaintiffs claiming tinnitus shall meet, within the timeframe provided in Section VII, all of the requirements set forth in paragraphs 19 - 21 above, and shall also provide documentation dated on before July 26, 2018

constituting a report by the Litigating Plaintiff of tinnitus outside of the context of a request for disability compensation.

24. Service of documentation meeting the requirements set forth in paragraphs 19 – 23 above shall be made to Counsel for Defendants via MDL Centrality.

**(d) Litigating Plaintiffs' Expert Reports.**

25. All Litigating Plaintiffs shall serve upon counsel for Defendants via MDL Centrality, within the timeframe provided in Section VII, expert reports in compliance with Federal Rule of Civil Procedure 26 as follows:

- (1) For all Litigating Plaintiffs alleging hearing loss, a Rule 26(a)(2) expert report including, but not limited to:
  - i. an opinion that such Litigating Plaintiff has noise-induced hearing loss caused by a defect in the CAEv2;
  - ii. an opinion identifying the defect in the CAEv2 that caused such Litigating Plaintiff's noise-induced hearing loss;
  - iii. an opinion that such Litigating Plaintiff's hearing is worse than expected for his/her age with reference to specific data reflecting age-controlled and sex-controlled audiometric data in either the general or military population;

- iv. Personal Attenuation Rating (“PAR”) testing demonstrating that the CAEv2 provides materially less attenuation than intended and less than other hearing protecting devices the Litigating Plaintiff has used;
- v. an opinion ruling out alternative causes for the Litigating Plaintiff’s hearing loss, including age, conductive hearing loss, other non-noise related causes of hearing loss, improvised explosive device (and similar blasts) or other head injuries, or documented noise exposure without hearing protection;
- vi. an as-precise-as-possible identification of all CAEv2 use by the Litigating Plaintiff, and the nature and timing of the Litigating Plaintiff’s alleged injury, along with the details of any medical exams, testing, diagnosis or treatment relied upon to support any claimed injury;
- vii. a sworn statement that the expert believes that the Litigating Plaintiff’s use of the CAEv2 caused the Litigating Plaintiff’s alleged injury, along with a detailed description of all facts, medical and scientific literature or

other authorities relied upon by the expert to support such opinion; and

viii. a complete set of medical records relied upon in forming the expert's opinion.

(2) For all Litigating Plaintiffs alleging tinnitus, a Rule 26(a)(2) expert report including, but not limited to:

- i. an opinion that such Litigating Plaintiff has noise-induced tinnitus caused by a defect in the CAEv2;
- ii. an opinion identifying the defect in the CAEv2 that caused such Litigating Plaintiff's noise-induced tinnitus;
- iii. an opinion that the onset of the Litigating Plaintiff's tinnitus was during CAEv2 use;
- iv. Personal Attenuation Rating ("PAR") testing demonstrating that the CAEv2 provides materially less attenuation than intended and less than other hearing protecting devices the Litigating Plaintiff has used;
- v. an opinion ruling out alternative causes for tinnitus, including elevated hearing thresholds prior to CAEv2 usage, age, other non-noise related causes of tinnitus, improvised explosive device (and similar blasts) or other

head injuries, or documented noise exposure without hearing protection;

vi. an as-precise-as-possible identification of all CAEv2 use by the Litigating Plaintiff, and the nature and timing of the Litigating Plaintiff's alleged injury, along with the details of any medical exams, testing, diagnosis or treatment relied upon to support any claimed injury;

vii. a sworn statement that the expert believes that the Litigating Plaintiff's use of the CAEv2 caused the Litigating Plaintiff's alleged injury, along with a detailed description of all facts, medical and scientific literature or other authorities relied upon by the expert to support such opinion; and

viii. a complete set of medical records relied upon in forming the expert's opinion.

(3) A Rule 26(a)(2) expert report describing all of the Litigating Plaintiff's alleged damages, including a complete set of records relied upon in forming the expert's opinion.

26. Form or template reports are not permitted and will be stricken by the Court.

27. If a Litigating Plaintiff provides Rule 26 expert reports as contemplated by this section, the Court expects to set further deadlines for management of the case, including deadlines for additional case-specific discovery and dispositive motion practice regarding the Litigating Plaintiff's claims.

## **VI. MEDIATION**

28. All Litigating Plaintiffs who have fulfilled the requirements set forth in this Order must participate in mediation before a Settlement Mediator to be proposed by the Parties and approved and appointed by the Court. The costs for the mediation will be split equally between the respective Plaintiff and Defendants. Mediation must commence within ninety (90) days of the date that the Plaintiff's production and expert requirements have been fulfilled and must continue for at least 90 days following the date on which it commences. Mediation will proceed in accordance with Northern District of Florida Alternative Dispute Resolution procedures. All discovery not otherwise required by this Order is stayed until after the requirements outlined in this Section have been completed.

## **VII. COMPLIANCE**

### **A. Deadline to Comply**

29. For each Litigating Plaintiff who elects not to participate in the Settlement, the items required by Sections IV – V shall be produced no later than thirty (30) days after the date such Litigating Plaintiff indicates on the Registration Form that the Litigating Plaintiff does not intend to settle his/her claims, except that

expert reports shall be produced no later than sixty (60) days after the date such Litigating Plaintiff elects not to settle his/her claims.

30. For all other Litigating Plaintiffs, the items required by Sections IV – V shall be produced no later than thirty (30) days after the case is filed in, refiled in, or transferred to this MDL, except that expert reports shall be produced no later than sixty (60) days after the case is filed in or transferred to this MDL.

**B. Failure to Comply**

31. The Court has established the foregoing deadlines for the purpose of ensuring that further pretrial litigation against the Defendants will progress as smoothly and efficiently as possible. Accordingly, the Court expects strict adherence to these deadlines. Should any Plaintiff fail to fully comply with the obligations of Sections IV, V, VIII, such Plaintiff's case is subject to dismissal with prejudice. Any Plaintiffs who fails to fully comply with the requirements of Sections IV, V, and VIII shall be given notice by MDL Centrality, email, or fax from Defendants' Counsel and shall be provided thirty (30) additional days to cure such deficiency ("Cure Period"). **The Court will be notified by the Settlement Data Administrator of any Litigating Plaintiff who failed to cure following notice and those Plaintiffs' claims will be dismissed with prejudice. Counsel for Plaintiffs and Plaintiffs themselves are hereby on notice that the Court expects full compliance with the notice provided by the Settlement Data Administrator, as**

**the Data Administrator has been delegated authority from the Court to process deficiencies in this manner. Failure to strictly comply will be grounds for dismissal with prejudice without further notice.**

**C. Status Conference**

32. All Litigating Plaintiffs and their Counsel shall be expected to meet with the Court in person at the courthouse for the United States District Court for the Northern District of Florida in Pensacola, Florida, so that the requirements herein are fully explained as well as the potential risks and benefits of proceeding as a Litigating Plaintiff. The scheduling of such meetings will be addressed in a separate order, but will be within 60 days of either the date on which a Litigating Plaintiff decides not to participate in the Settlement or on which a Litigating Plaintiff filed a case on the Active Docket or is transferred to the Active Docket.

33. Prior to meeting with the Court as set forth in the prior paragraph, Litigating Plaintiffs must serve on the Defendants through MDL Centrality an attestation of counsel (or of the individual Litigating Plaintiff, for those lacking counsel) that they have performed all obligations set forth in Sections IV – V of this Order. The purpose of the status conference is to discuss the obligations for continued participation in the litigation and the benefits of participating in the Settlement Programs. **A Plaintiff's unexcused failure to appear at a scheduled Status Conference will result in Plaintiff's case being dismissed with prejudice.**



**VIII. CERTIFICATION AND DISCOVERY OBLIGATIONS FOR CASES FILED AFTER SEPTEMBER 12, 2023 (THE REFERENCE DATE) AND WERE NOT PREVIOUSLY IDENTIFIED PURSUANT TO THE COURT’S IDENTIFICATION ORDER (CMO 60)**

**A. CERTIFICATION**

34. For all Litigating Plaintiff cases filed in or transferred in to this Court after September 12, 2023 (*i.e.* the Reference Date set forth in the Court’s Identification Order (CMO 60)), Counsel for Plaintiff must, within seven (7) days of filing in or transfer to this Court, serve upon the Defendants through MDL Centrality a Certification that: (1) attests that the Litigating Plaintiff had not retained said Counsel as of the date of this Order; (2) identifies the date on which Counsel was retained by the Litigating Plaintiff; (3) identifies the date on which Counsel first communicated about potential claims against Defendants with the Litigating Plaintiff; and (4) certifies that Counsel did not intentionally delay being retained by the Litigating Plaintiff for any reason, including but not limited to attempting to avoid the deadlines for the Settlement Program. To be clear, Eligible Claimants identified pursuant to the Court’s Identification Order (CMO 60) do not need to comply with this provision.

**B. DISCOVERY**

**(a) Affidavit Regarding Statute of Limitations and Other Time-Based Defenses**

35. For each Litigating Plaintiff who files a claim after September 12, 2023 (*i.e.* the Reference Date set forth in the Court’s Identification Order (CMO 60), the Court shall issue within thirty (30) days an “Order to Show Cause Why the Case Should Not Be Dismissed With Prejudice On Statute of Limitations Grounds.” Counsel shall have fourteen (14) days to respond to said Order to Show Cause, providing in detail the basis for the Litigating Plaintiff’s assertions that his/her claims are not barred by the statute of limitations.

36. All Litigating Plaintiffs must also, within the timeframes established by Section VII, serve upon Counsel for the Defendant, an affidavit signed by the Plaintiff providing the following information: (1) the date the Plaintiff first learned his alleged hearing loss or tinnitus may be related to the use of the CAEv2; (2) how the Plaintiff first learned his or her alleged hearing loss or tinnitus may be related to the use of the CAEv2; (3) the date the Plaintiff first spoke to or corresponded with an attorney about potential litigation related to the use of the CAEv2; (4) the date the Plaintiff first retained Counsel for litigation related to use of the CAEv2; (5) the date the Plaintiff first used the CAEv2; and (6) if applicable, the date the Plaintiff first saw any documents, advertisements or packaging created by Defendants relating to the CAEv2, including a description of the documents, advertisements or packaging. Service by Plaintiffs shall be made upon Counsel for Defendants via MDL Centrality.

**IX. CASE-SPECIFIC DISCOVERY AND RELATED DISPOSITIVE MOTION PRACTICE FOR ALL LITIGATING PLAINTIFFS**

37. If mediation as set forth in Section VI is unsuccessful, the Litigating Plaintiff has complied with the requirements outlined above in Sections IV – V and VIII, and the Litigating Plaintiff has not previously participated in case-specific discovery, then the parties may submit to the Court, as applicable, a proposed Scheduling Order that: (a) grants the Parties one hundred eighty (180) days from the entry of the Scheduling Order to conduct discovery on case-specific issues (“Additional Discovery”); and (b) sets a briefing schedule that gives the Parties forty-five (45) days from the close of Additional Discovery for the Parties to submit summary judgment motions and *Daubert* motions, twenty-eight (28) days for responses, and twenty-eight (28) days for replies.

38. During such Additional Discovery, the parties are permitted to: (a) take the depositions of the Plaintiff, the Plaintiff’s spouse, if applicable, and any other non-party lay fact witness specific to the Plaintiff for up to seven (7) hours each, with Counsel for the Defendants questioning first at each deposition; and (b) take the depositions of no more than three (3) of the Plaintiff’s treating healthcare providers for up to seven (7) hours each, with Counsel for the Defendants questioning first at each deposition. No other depositions may be taken during the Additional Discovery period absent prior leave granted by the Court upon a showing of good cause.

39. Based upon the outcome of any summary judgment motions, if appropriate, the Court will set a Case Management Conference to determine whether any non-duplicative discovery, including additional expert disclosures, are necessary and to discuss other case management issues. However, the witnesses specific to the Plaintiff's claims already deposed shall not be re-deposed. The filing and briefing of summary judgment motions and *Daubert* motions after the Additional Discovery ordered above shall not prejudice or otherwise foreclose the opportunity for any party to file later, non-duplicative summary judgment and *Daubert* motions after completing full fact and expert discovery. The Court's use of the term "non-duplicative" is intended to express the Court's intention not to permit later summary judgment motions concerning topics addressed in summary judgment motions filed at the conclusion of the Additional Discovery period or *Daubert* motions concerning witnesses addressed in *Daubert* motions filed at the conclusion of the Additional Discovery period.

40. The foregoing provisions do not preclude any party from filing non-duplicative dispositive motions, including motions related to personal jurisdiction.

#### **X. PENALTIES FOR FRAUD AND DECEPTION.**

41. Any party and/or Counsel for that party who submits false or misleading information, or otherwise attempts to satisfy the documentation requirements of this Order through deception, dishonesty, or fraud, may be subject

to appropriate sanctions, including but not limited to monetary sanctions and costs, and dismissal with prejudice pursuant to Federal Rule of Civil Procedure 37. Plaintiffs who fail to fully comply with the requirements of this Order may be subject to sanctions and dismissal of their claims pursuant to Federal Rule of Civil Procedure 37.

## **XI. CONSIDERATION OF FEES IN FUTURE CASES**

42. The Court finds that it is important to the administration of justice that contingency fees be reasonable “under the circumstances,” *Bowling v. Pfizer, Inc.*, 102 F. 3d 777, 779 (6th Cir. 1996). Similar to other MDL courts, the Court intends to review closely such fee arrangements for Litigating Plaintiffs and also may impose a limitation or cap on all fee arrangements for Litigating Plaintiffs. *E.g.*, *In re Nat’l Football League Players’ Concussion Inj. Litig.*, No. 2:12-MD-02323-AB, 2018 WL 1658808, at \*2 (E.D. Pa. Apr. 5, 2018) (citation and quotation omitted) (“In MDLs and class actions, district courts have routinely capped attorneys’ fees sua sponte.”); *In re: National Prescription Opiate Litig.*, No. 1:17-md-2804 (N.D. Ohio Aug. 6, 2021), Order, ECF No. 3814 at 1, 5 (court “notif[ying] all eligible participants to the July 21, 2021 Settlement Agreements, and also . . . their private counsel, that a contingent fee in excess of 15% of the participant’s award under the Settlement Agreements is presumptively unreasonable” and “cap[ping] all applicable contingent fee agreements at 15% (emphasis omitted)); *In re Vioxx Prod.*

*Liab. Litig.*, 650 F. Supp. 2d 549, 553 (E.D. La. 2009) (A “court presiding over a mass tort proceeding possesses equitable authority to examine fee arrangements.”); *see, e.g., Amorin v. Taishan Gypsum Co.*, 861 F. App’x 730, 733 (11th Cir. 2021), *cert. denied sub nom. Parker Waichman, LLP v. Levin*, 142 S. Ct. 769 (2022) (citation and quotation omitted) (noting the “district court has great latitude in formulating attorney’s fees awards”); *In re Flint Water Cases*, 583 F. Supp. 3d 911, 940 (E.D. Mich. 2022), *dismissed*, No. 22-1187, 2022 WL 18960956 (6th Cir. Sept. 14, 2022) (reducing contingent fee award depending on whether engagement commenced before or after settlement of MDL).

43. The Court finds that the claims alleged about CAEv2 have been thoroughly developed and pursued by the PSC and other counsel, who have determined that a settlement is reasonable in this matter. Such efforts have, to date, required significant work and development of a public record that is accessible to all. CAEv2-related claims have reached the status of a “mature” tort, which counsels against contingency fee arrangements that are similar to counsel who may be breaking new ground and taking on additional risk.

44. In evaluating the “circumstances” of any fee arrangement, the Court may consider a number of factors, including the maturity of the tort, the timing of the contingency fee contract, the actual work done by counsel, and the knowledge of plaintiffs (who will meet with the Court) about the provisions to which they have

agreed. The Court puts all counsel on notice that it intends to view such arrangements closely, if they appear unreasonable given the circumstances, and that the Court shall, as other MDL Courts have, cap such contracts in future matters to a reasonable level.

## **XII. SCHEDULING OF FUTURE MATTERS**

The Settlement reached by the Plaintiffs Leadership and Defendants in this matter will require significant long-term implementation efforts by counsel, Plaintiffs, Defendants, and the Court. It is the intent of the Court to support those settlement implementation efforts and, consistent with this Order and the stay implemented herein, to defer consideration of further proceedings while those long-term efforts to implement the settlement are ongoing and while aspects of the settlement are ongoing.

**SO ORDERED**, on this 29th day of August, 2023.

*M. Casey Rodgers*

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**M. CASEY RODGERS**  
**UNITED STATES DISTRICT JUDGE**

**EXHIBIT "1"**

**PLAINTIFF FACT SHEET**



**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
PENSACOLA DIVISION**

IN RE: 3M COMBAT ARMS	)	Case No. 3:19-md-02885
EARPLUG PRODUCTS LIABILITY	)	
LITIGATION	)	Judge M. Casey Rodgers
	)	
	)	Magistrate Judge Hope T. Cannon
This Document Relates to:	)	
All Cases	)	
<hr style="width: 100%;"/>	)	

**PLAINTIFF FACT SHEET**

This Fact Sheet is to be completed by each plaintiff in this litigation (hereafter referred to as “you” or “plaintiff”) as required by Case Management Order # 57 (Case Management Order For Any Ongoing Litigation Against Defendants) in connection with *In re 3M Combat Arms Earplug Products Liability Litigation* (MDL 2885).

In completing this Fact Sheet, you are under oath and must answer every question and provide information that is true and correct to the best of your knowledge after a reasonable investigation. You are required to provide as much information as you can in response to each question. You are also required to conduct a reasonable inquiry, to the extent necessary, to obtain or confirm the information you provide in this Fact Sheet. Likewise, if any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact sheet himself or herself, please answer as completely as you can.

All responses must be made without objection and to the best of your knowledge and recollection. Use additional sheets if necessary to answer any question completely. If additional sheets are used to provide further answers to any question, you should indicate on the form that additional pages will be used and should include those pages in the verification of the Plaintiff Fact Sheet.

A completed Fact Sheet shall be considered interrogatory answers pursuant to the Federal Rules of Civil Procedure Rule 33 and answers to Requests for Admission pursuant to Federal Rule of Civil Procedure Rule 36. As such, admissions regarding matters contained in this verified Plaintiff Fact Sheet shall be treated as conclusively established party admissions unless supplemented by Plaintiff in an amended Plaintiff Fact Sheet verified by the Plaintiff or the court, on motion, permits the admission to be withdrawn or amended. You must promptly supplement your responses if you learn that they are incomplete or incorrect in any material respect.

Pursuant to the Court’s CMO # 57, each plaintiff shall complete and submit this Plaintiff Fact Sheet by the deadlines set forth in Section V of the Order. All Plaintiff Fact Sheets and Verification pages must be served on the defendants via each plaintiff’s individual MDL Centrality portal with the correct MDL Centrality document description provided for each document. Consistent with CMO # 57 Section VII, a failure to provide a complete and verified Plaintiff Fact Sheet by the necessary deadlines may result in dismissal with prejudice.

**I. PLAINTIFF INFORMATION**

1. Your Current Name: \_\_\_\_\_
2. Maiden name or other names used by You, or by which You have been known and the dates those names were used: \_\_\_\_\_  
\_\_\_\_\_
3. Current Law Firm: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Date of Birth (MM/DD/YYYY): \_\_\_\_\_
6. Current Age: \_\_\_\_\_
7. Biological Sex at Birth  
 Male             Female
8. Current State of Residence: \_\_\_\_\_
9. Current Mailing Address:  
 Number and Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
10. Number of Years at Current Residence: \_\_\_\_\_
11. List all social media profiles (including MySpace, Facebook, Instagram, Twitter, LinkedIn, Yelp or any others) and associated account name or user names You have ever used:  
 MySpace: \_\_\_\_\_  
 Facebook: \_\_\_\_\_  
 Instagram: \_\_\_\_\_  
 Twitter: \_\_\_\_\_  
 LinkedIn: \_\_\_\_\_  
 Yelp: \_\_\_\_\_  
 Other: \_\_\_\_\_
12. What is the highest level of education You have attained?  
 Post-Graduate, Doctoral, or Professional Degree?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
 Bachelor's Degree?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Associate's Degree?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 High School Diploma or GED?    Yes \_\_\_\_\_ No \_\_\_\_\_

**II. CASE INFORMATION**

1. Current MDL Centrality Plaintiff ID Number: \_\_\_\_\_
2. Current MDL Case Number: \_\_\_\_\_
3. Date Current MDL Case Filed: \_\_\_\_\_
4. All prior law firm who have represented You in connection with Your CAEv2 Claim(s):

Law Firm	Start Date of Representation	End Date of Representation

5. All Prior MDL Centrality Plaintiff ID Number(s) that have been used in connection with Your CAEv2 Claim:

MDL Centrality Plaintiff ID (PID)	Status

6. All Prior Case Number(s):

Case Number	Status	Date of Dismissal	Type of Dismissal
			<input type="checkbox"/> Voluntarily Dismissed Without Prejudice <input type="checkbox"/> Voluntarily Dismissed With Prejudice <input type="checkbox"/> Involuntarily Dismissed by the Court Without Prejudice <input type="checkbox"/> Involuntarily Dismissed With Prejudice
			<input type="checkbox"/> Voluntarily Dismissed Without Prejudice <input type="checkbox"/> Voluntarily Dismissed With Prejudice <input type="checkbox"/> Involuntarily Dismissed by the Court Without Prejudice <input type="checkbox"/> Involuntarily Dismissed With Prejudice
			<input type="checkbox"/> Voluntarily Dismissed Without Prejudice <input type="checkbox"/> Voluntarily Dismissed With Prejudice <input type="checkbox"/> Involuntarily Dismissed by the Court Without Prejudice <input type="checkbox"/> Involuntarily Dismissed With Prejudice

**III. FAMILY**

1. List all of the people who currently reside with You at Your residence, along with details regarding each:

Full Name	Age	Relationship to Plaintiff	How long as the person lived with you? (# of Years)	What percentage of the time does the person live with you?

2. Current Marital Status

- Married
  Unmarried - Living With Partner  
 Unmarried - Not Living With Partner
  Single

3. If married, please provide the following information for the spouse:

Name: \_\_\_\_\_  
 Current Age: \_\_\_\_\_  
 Year Relationship Began (YYYY): \_\_\_\_\_  
 Year of Marriage (YYYY): \_\_\_\_\_

4. If married, is your current spouse asserting a Loss of Consortium claim:

- Yes
  No

5. Have you been previously married:  
 Yes If yes, how many prior spouses do you have: \_\_\_\_\_  
 No

6. If previously married, please provide the following information about your former spouse(s):

Full Name (Current)	Year Relationship Began	Year of Marriage	Year of Divorce	Reason For Divorce

7. Do you have any children?  
 Yes If yes, how many children: \_\_\_\_\_  
 No

8. If you have any children, provide the following information regarding each child:

Full Name	Year Born (YYYY)	Does the child live with You?	What percentage of the time does the child live with You?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**IV. PRODUCT USE**

1. Do You allege that You were injured by a defect in the CAEv2 earplugs?  
 Yes  No
2. Which model(s) of the CAEv2 do You claim caused Your alleged injuries (check ALL that apply):  
 Combat Arms Earplug version 2  EAR ARC Plug  
 Indoor-Outdoor Range Earplug  Browning Duo  
 AO Safety Earplug  Other

If other, please specify: \_\_\_\_\_

3. What color combination were the CAEv2 You used (check ALL that apply):  
 green/yellow  red/yellow  
 yellow/black  
 If other, please specify: \_\_\_\_\_  
 Unknown

4. Describe when You used the CAEv2 earplugs that caused Your alleged injuries:  
 a. First Year of Use (YYYY): \_\_\_\_\_  
 b. Last Year of Use (YYYY): \_\_\_\_\_  
 c. Total Years of Use: \_\_\_\_\_

5. Describe every instance in which you obtained or purchased the CAEv2 earplugs that You claim caused Your alleged injuries:

Date Obtained (MM/YYYY)	How and where did you obtain each pair of the CAEv2 earplugs that You used?	Were instructions provided for the CAEv2 earplugs?
	<input type="checkbox"/> Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ <input type="checkbox"/> Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ <input type="checkbox"/> Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ <input type="checkbox"/> Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ <input type="checkbox"/> Other (specify): Provider: _____ Location (City): _____ Location (State): _____ Reason Obtained: _____	<input type="checkbox"/> No instructions were provided <input type="checkbox"/> Only oral instructions were provided (describe): _____ <input type="checkbox"/> Only written instructions were provided (describe): _____ <input type="checkbox"/> Oral & written instructions were provided (describe): _____ _____ _____ _____
	<input type="checkbox"/> Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ <input type="checkbox"/> Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ <input type="checkbox"/> Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ <input type="checkbox"/> Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ <input type="checkbox"/> Other (specify): Provider: _____ Location (City): _____ Location (State): _____ Reason Obtained: _____	<input type="checkbox"/> No instructions were provided <input type="checkbox"/> Only oral instructions were provided (describe): _____ <input type="checkbox"/> Only written instructions were provided (describe): _____ <input type="checkbox"/> Oral & written instructions were provided (describe): _____ _____ _____ _____

Date Obtained (MM/YYYY)	How and where did you obtain each pair of the CAEv2 earplugs that You used?	Were instructions provided for the CAEv2 earplugs?
	<input type="checkbox"/> Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ <input type="checkbox"/> Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ <input type="checkbox"/> Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ <input type="checkbox"/> Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ <input type="checkbox"/> Other (specify): Provider: _____ Location (City): _____ Location (State): _____ Reason Obtained: _____	<input type="checkbox"/> No instructions were provided <input type="checkbox"/> Only oral instructions were provided (describe): _____ <input type="checkbox"/> Only written instructions were provided (describe): _____ <input type="checkbox"/> Oral & written instructions were provided (describe): _____ _____ _____
	<input type="checkbox"/> Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ <input type="checkbox"/> Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ <input type="checkbox"/> Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ <input type="checkbox"/> Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ <input type="checkbox"/> Other (specify): Provider: _____ Location (City): _____ Location (State): _____ Reason Obtained: _____	<input type="checkbox"/> No instructions were provided <input type="checkbox"/> Only oral instructions were provided (describe): _____ <input type="checkbox"/> Only written instructions were provided (describe): _____ <input type="checkbox"/> Oral & written instructions were provided (describe): _____ _____ _____

6. In what circumstances and in connection with what noise did You wear the CAEv2 earplugs? Check ALL that apply and explain for each:

a. Did You use the CAEv2 during military training?

- Yes       No

If yes, specify ALL noise exposures you had during military training while using the CAEv2 earplugs:

Vehicles (specify): \_\_\_\_\_

Firearms/Weapons (specify): \_\_\_\_\_

Blasts including IED/Mortar (specify): \_\_\_\_\_  
\_\_\_\_\_

Other (specify): \_\_\_\_\_  
\_\_\_\_\_

b. Did You use the CAEv2 during military combat?

Yes       No

If yes, specify ALL noise exposures you had during military combat while using the CAEv2 earplugs:

Vehicles (specify): \_\_\_\_\_  
\_\_\_\_\_

Firearms/Weapons (specify): \_\_\_\_\_  
\_\_\_\_\_

Blasts including IED/Mortar (specify): \_\_\_\_\_  
\_\_\_\_\_

Other (specify): \_\_\_\_\_  
\_\_\_\_\_

c. Did You use the CAEv2 during any civilian occupations?

Yes       No

If yes, specify ALL noise exposures you had during civilian occupations while using the CAEv2 earplugs:

Vehicles (specify): \_\_\_\_\_  
\_\_\_\_\_

Firearms/Weapons (specify): \_\_\_\_\_  
\_\_\_\_\_

Equipment/Tools (specify): \_\_\_\_\_  
\_\_\_\_\_

Other (specify): \_\_\_\_\_  
\_\_\_\_\_

d. Did You use the CAEv2 for any civilian recreation/non-employment activity?

Yes       No

If yes, specify ALL noise exposures you had during civilian recreation/non-employment use while using the CAEv2 earplugs:

Vehicles (specify): \_\_\_\_\_  
\_\_\_\_\_

Firearms/Weapons (specify): \_\_\_\_\_  
\_\_\_\_\_

Equipment/Tools (specify): \_\_\_\_\_  
\_\_\_\_\_

Other (specify): \_\_\_\_\_  
 \_\_\_\_\_

e. Did you use the Earplugs in any other circumstance?

Yes  No

If yes, specify ALL other noise exposures you had while using the CAEv2 earplugs:

Other (specify): \_\_\_\_\_  
 \_\_\_\_\_

7. Describe Your use of the CAEv2 Earplugs during each year of use:

Year of Use (YYYY)	How frequently did you use the CAEv2 Earplugs in the year?	Where did you use the CAEv2 Earplugs? (List all states and/or countries).	Describe all military, non-military occupation, or recreational noise exposures You experienced during the year, indicating whether the CAEv2 Earplugs were used for each exposure (and if so, which end), whether other hearing protection was used during each exposure, and whether You experienced any noise exposures without hearing protection.
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	



Year of Use (YYYY)	How frequently did you use the CAEv2 Earplugs in the year?	Where did you use the CAEv2 Earplugs? (List all states and/or countries).	Describe all military, non-military occupation, or recreational noise exposures You experienced during the year, indicating whether the CAEv2 Earplugs were used for each exposure (and if so, which end), whether other hearing protection was used during each exposure, and whether You experienced any noise exposures without hearing protection.
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	
	<input type="checkbox"/> A few times per year <input type="checkbox"/> A few times per month <input type="checkbox"/> A few times per week <input type="checkbox"/> Daily	_____ _____ _____	

8. Describe how you inserted each end of the CAEv2 into your ears:
- a. *Yellow*: \_\_\_\_\_
- \_\_\_\_\_
- b. *Green/Black/Red*: \_\_\_\_\_
- \_\_\_\_\_

9. After you inserted one end of the CAEv2, did the flanges from the opposite end contact your ear?
- Always       Never       Sometimes       Unknown
10. When using the CAEv2, did you ever fold back any of the flanges of the opposite end?
- Always       Never       Sometimes       Unknown
11. Do you have any photographic, video, or documentary evidence to support Your claimed usage of the CAEv2 Earplugs?
- Yes       No
12. If applicable, what evidence of Your use of the CAEv2 Earplugs do You have (check ALL that apply)?
- Physical pairs of CAEv2 Earplugs that were worn
- Photographs
- Videos
- Receipts
- Other (specify): \_\_\_\_\_

13. Identify every witness likely to have knowledge of Your use of the CAEv2 or other hearing protection during noise exposures:

Witness's Name Current City/State	Relationship With You	What time period does the witness likely have knowledge of?	What hearing protection knowledge does the witness likely have?

14. While using the CAEv2 earplugs, did You ever experience any specific instances when You perceived the CAEv2 earplugs were not providing adequate protection?
- Yes       No

If Yes, describe the circumstances related to all such instances (including the date, location, noise exposure, and what You perceived): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. While using any other hearing protection device, did You ever experience any specific instances when You perceived the hearing protection was not providing adequate protection?

- Yes             No

If Yes, describe the circumstances related to all such instances (including the date, location, noise exposure, and what You perceived): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. MILITARY SERVICE**

1. Have you ever served in the U.S. Armed Forces/Military?

- Yes             No

*If Your answer is NO, please skip the following questions and proceed to Section VI.*

2. Do you allege you used the CAEv2 earplugs during your service in the U.S. Armed Forces/Military?

- Yes             No

3. Identify when you served in the U.S. Armed Forces/Military:

- a. Earliest Year of Service: \_\_\_\_\_
- b. Latest Year of Service: \_\_\_\_\_
- c. Total Years of Active Service: \_\_\_\_\_
- d. Total Years of Service: \_\_\_\_\_

4. What is your current military status?

- |  |  |
|--|--|
| <input type="checkbox"/> Active Duty   | <input type="checkbox"/> Retired from Military   |
| <input type="checkbox"/> Active Guard/Reserve (AGR)  | <input type="checkbox"/> Voluntarily Separated from Military But NOT Retired   |
| <input type="checkbox"/> IRR (Individual Ready Reserve)  | <input type="checkbox"/> Involuntarily Separated from Military But NOT Retired<br>(e.g. due to a medical or disciplinary separation order) |
| <input type="checkbox"/> Reserves or National Guard  |  |
| <input type="checkbox"/> Reserves or National Guard Currently Mobilized/On Active<br>Duty Orders |  |
| Expected End Date of Mobilization (MM/YYYY):   |  |
| _____  |  |

5. Identify ALL branches of the U.S. Armed Forces/Military you have served in along with the first year and last year of service in each:

Branch	First Year	Last Year
<input type="checkbox"/> Army		
<input type="checkbox"/> Regular		
<input type="checkbox"/> Reserve		
<input type="checkbox"/> National Guard		
<input type="checkbox"/> Marine Corps		
<input type="checkbox"/> Regular		
<input type="checkbox"/> Reserve		
<input type="checkbox"/> Navy		
<input type="checkbox"/> Regular		
<input type="checkbox"/> Reserve		

<input type="checkbox"/> Air Force		
<input type="checkbox"/> Regular		
<input type="checkbox"/> Reserve		
<input type="checkbox"/> Air National Guard		
<input type="checkbox"/> Coast Guard		
<input type="checkbox"/> Regular		
<input type="checkbox"/> Reserve		
<input type="checkbox"/> Space Force		
<input type="checkbox"/> Regular		

If You had a gap in any of Your military service during which you were not affiliated with any branch of the U.S. Armed Forces/Military, please explain: \_\_\_\_\_

6. What is the military paygrade held by you currently (if still active duty) or at the time of your last discharge:

<i>Commissioned Officer</i>		<i>Warrant Officer</i>		<i>Enlisted Members</i>	
<input type="checkbox"/> O-1	<input type="checkbox"/> O-5	<input type="checkbox"/> W-1	<input type="checkbox"/> E-1	<input type="checkbox"/> E-6	
<input type="checkbox"/> O-1E	<input type="checkbox"/> O-6	<input type="checkbox"/> W-2	<input type="checkbox"/> E-2	<input type="checkbox"/> E-7	
<input type="checkbox"/> O-2	<input type="checkbox"/> O-7	<input type="checkbox"/> W-3	<input type="checkbox"/> E-3	<input type="checkbox"/> E-8	
<input type="checkbox"/> O-2E	<input type="checkbox"/> O-8	<input type="checkbox"/> W-4	<input type="checkbox"/> E-4	<input type="checkbox"/> E-9	
<input type="checkbox"/> O-3	<input type="checkbox"/> O-9	<input type="checkbox"/> W-5	<input type="checkbox"/> E-5		
<input type="checkbox"/> O-3E	<input type="checkbox"/> O-10				
<input type="checkbox"/> O-4					

7. Identify ALL Military Occupational Specialties (“MOS”) you served in and the years of service in each MOS:

MOS	Description	Start Date (MM/YYYY)	End Date (MM/YYYY)

8. Identify ALL duty stations/bases at which you served in the U.S. Armed Forces/Military (including for basic training)?

Duty Station/Base	Start Date (MM/YYYY)	End Date (MM/YYYY)	Time at Duty Station/Base (# Months)	What type of hearing protection did you use (if any)? <i>Select ALL that apply.</i>	Describe Job Responsibilities & All Noise Exposures
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify):  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify):	

Duty Station/Base	Start Date (MM/YYYY)	End Date (MM/YYYY)	Time at Duty Station/Base (# Months)	What type of hearing protection did you use (if any)? <i>Select ALL that apply.</i>	Describe Job Responsibilities & All Noise Exposures
				<input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	

9. Identify ALL military combat deployments during which you served:

Deployment Location (Country & Base)	Date Arrived in Theater (MM/YYYY)	Date Departed from Theater (MM/YYYY)	Length of Deployment (# Months)	What type of hearing protection did you use (if any) during the deployment? <i>Select ALL that apply.</i>	Describe Job Responsibilities & All Noise Exposures
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	

Deployment Location (Country & Base)	Date Arrived in Theater (MM/YYYY)	Date Departed from Theater (MM/YYYY)	Length of Deployment (# Months)	What type of hearing protection did you use (if any) during the deployment? <i>Select ALL that apply.</i>	Describe Job Responsibilities & All Noise Exposures
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	
				<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise	

**VI. DISABILITY INFORMATION**

1. Have you submitted a workers' compensation claim, veteran's affairs disability application, veterans benefits administration disability application, social security claim, or any other form of disability application or claim for hearing-related injuries?

- Yes                       No

If you answered "yes," please list the application or claims submitted, the entity with which the claim was filed, and the nature of the disability:

Application or claims submitted	Entity with which the claim was filed	Nature of the disability claimed	Year Claim Made

2. Were you ever denied immediate acceptance into the U.S. Armed Forces/Military due to any medical issue?

- Yes                       No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Has your hearing or any alleged tinnitus ever prevented you from serving in the U.S. Armed Forces/Military?

Yes  No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

IF YOU NEVER SERVED IN THE U.S. ARMED FORCES/MILITARY YOU MAY SKIP THE FOLLOWING QUESTIONS AND GO TO SECTION VII.

4. Were you ever medically discharged from the U.S. Armed Forces/Military?

Yes  No

If Yes, identify when the discharge occurred and what condition(s) led to the discharge: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Were you ever subject to Medical Board proceedings to determine your retention eligibility in the military due to any medical conditions:

Yes  No

If Yes, identify ALL the condition(s) that were subject to the Medical Board proceeding and the Retention Determination:

Condition	Was the Condition evaluated for Retention purposes?	Year of Medical Board Proceeding	What was the Retention Determination?
Right Ear Hearing Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Left Ear Hearing Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Tinnitus	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Ear Conditions (Other than Hearing Loss or Tinnitus)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Traumatic Brain Injury (TBI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Headaches/Migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Memory Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Sleep Apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military

Condition	Was the Condition evaluated for Retention purposes?	Year of Medical Board Proceeding	What was the Retention Determination?
Neck (Cervical Spine) Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Temporomandibular Joint (TMJ) Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Other 1 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Other 2 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Other 3 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Other 4 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military
Other 5 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Found Medically ACCEPTABLE to Remain in Military <input type="checkbox"/> Found Medically UNACCEPTABLE to Remain in Military

6. Have you ever applied for compensation or a pension from the VA due to any medical condition?

Yes       No

If Yes, identify your current overall or combined VA Disability Rating \_\_\_\_\_ %

In addition, indicate whether any of the conditions below were subject to a VA claim and identify the disability determination:

Condition	Have you ever claimed a disability for the condition? If so, when (YYYY)?	Did the VA ever deny a claim for VA Disability for the condition? If so, when (YYYY)?	Was a Service Connection Ever Awarded? If so, when (YYYY)?	What is your current disability award for the condition?
Hearing Loss	LEFT EAR Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	LEFT EAR Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	LEFT EAR Service Connection Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____%
	RIGHT EAR Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	RIGHT EAR Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	RIGHT EAR Service Connection Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Tinnitus	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____%

Condition	Have you ever claimed a disability for the condition? If so, when (YYYY)?	Did the VA ever deny a claim for VA Disability for the condition? If so, when (YYYY)?	Was a Service Connection Ever Awarded? If so, when (YYYY)?	What is your current disability award for the condition?
Ear Conditions (Other than Hearing Loss or Tinnitus)	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %
Traumatic Brain Injury (TBI)	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %
Headaches/Migraines	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %
Memory Loss	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %
Sleep Apnea	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %
Neck (Cervical Spine) Condition	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %
Temporomandibular Joint (TMJ) Condition	Disability Ever Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Disability Claim Ever Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Service Connection Awarded Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Current Disability % Awarded _____ %

**VII. NOISE EXPOSURES**

1. Identify ALL occupations you have worked in at any time (including before, during, or after military service), when You worked those occupations, whether you used hearing protection while working in those occupations, and what kind of hearing protection you used.



Occupation/Employer/Location	Start Date (MM/YYYY)	End Date (MM/YYYY)	Timing of Employment	Was Hearing Protection Ever Used?	What Hearing Protection Was Used? (check ALL that apply)
Occupation: _____ Employer Name: _____ City: _____ State: _____			<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Occupation: _____ Employer Name: _____ City: _____ State: _____			<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Occupation: _____ Employer Name: _____ City: _____ State: _____			<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Occupation: _____ Employer Name: _____ City: _____ State: _____			<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Occupation: _____ Employer Name: _____ City: _____ State: _____			<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

2. Please identify all sources of noise you were exposed to during civilian occupations NOT including firearms usage. If the noise was created by a specific machine or piece of equipment, please identify it:

Source of Civilian Occupation Noise Exposure (e.g. equipment, vehicles, machinery)	Number of Hours of Exposure Each Week	Approximate Dates Of Exposure	Did you wear the CAEv2 when exposed to this noise?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Source of Civilian Occupation Noise Exposure (e.g. equipment, vehicles, machinery)	Number of Hours of Exposure Each Week	Approximate Dates Of Exposure	Did you wear the CAEv2 when exposed to this noise?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Did you receive hearing tests, including but not limited to audiograms, for work?

Yes  No

If yes, state the employer(s) for which You received hearing tests and how frequently Your hearing was tested:

---



---

4. While serving in the military or armed forces, were you exposed to noises from machinery, aircraft, or helicopters, while wearing hearing protection other than the CAEv2?

Yes  No  Unsure

If Yes, identify what other hearing protection you used and when you used it:

Hearing Protection Device(s)	Time Period you used the device(s)	Noises exposed to while wearing hearing protection device

5. While serving in the military or armed forces, were you ever exposed to noises such as machinery, aircraft, or helicopters, without using hearing protection?

Yes  No  Unsure

If Yes, explain the noise exposure and circumstance in which you were not wearing hearing protection.:

---



---

6. Identify ALL of the military noise exposures You have experienced:

Military Noise Exposures	Experienced?	When Experienced? (Check All that Apply)	Hearing Protection (HPD) Used (Check All that Apply)
Outdoor Firearm Range	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Indoor Firearm Range	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

Military Noise Exposures	Experienced?	When Experienced? (Check All that Apply)	Hearing Protection (HPD) Used (Check All that Apply)
Firing on Opposing Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Improvised Explosive Device (IED)/Rocket Propelled Grenade (RPG) Attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Mortars	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Military Tracked Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Military Wheeled Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Aircraft (helicopters, airplanes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Other 1 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

Military Noise Exposures	Experienced?	When Experienced? (Check All that Apply)	Hearing Protection (HPD) Used (Check All that Apply)
Other 2 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

7. Identify all firearms/weapons you ever used while serving in the military:

Weapon/Firearm	Activity(ies) (e.g. training, firing range, combat)	Approximate Dates Of Exposure/Use	How frequently did You use the weapon/firearm?	Did You wear the CAEv2 when exposed to this weapon?
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Identify ALL of non-military noise exposures you have experienced:

Noise Exposures	Experienced?	When Experienced? (Check All that Apply)	Hearing Protection (HPD) Used (Check All that Apply)
Outdoor Use of Firearms (including hunting)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

Noise Exposures	Experienced?	When Experienced? (Check All that Apply)	Hearing Protection (HPD) Used (Check All that Apply)
Indoor Firearm Range	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Motorcycles/ATVs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Concerts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Shooting Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Chainsaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Lawnmower/ Leaf Blower/ Weedeater	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Welding Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

Noise Exposures	Experienced?	When Experienced? (Check All that Apply)	Hearing Protection (HPD) Used (Check All that Apply)
Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Other 1 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise
Other 2 (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use	<input type="checkbox"/> Foam Earplugs <input type="checkbox"/> CAEv2 - Green End <input type="checkbox"/> CAEv2 - Yellow End <input type="checkbox"/> Earmuff/Headset <input type="checkbox"/> Quad flange <input type="checkbox"/> Triple flange <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not always wear hearing protection when exposed to noise

9. Identify all firearms/weapons you have ever used outside of the military:

Weapon/Firearm	Activity (e.g. hunting, firing range)	Approximate Dates Of Exposure/Use	How frequently did you use the weapon/firearm?	Did you wear the CAEv2 when exposed to this noise?
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VIII. MEDICAL INFORMATION**

1. Identify all of the following medical conditions that you have ever experienced and when they were experienced:

Condition	Have Experienced?	When Experienced? (Check All that Apply)	Years Experienced (List all)
Ruptured/Perforated Eardrum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Ear Wax/Cerumen Problems (impacted earwax, excessive production, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Ear Pain/Ear Fullness/Discharge from Ear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Otosclerosis (abnormal bone growth in inside the ear)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Cholesteatoma (abnormal collection of skin cells deep in ear)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Acoustic neuroma/Vestibular Schwannoma (non-cancerous tumor near/on the auditory nerve)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Autoimmune disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Meniere's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	
Chronic Sinus Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use <input type="checkbox"/> Do Not Recall	

2. Have You ever experienced any head or blast injuries?

Yes  No

If Yes, identify all head or blast injuries You have experienced:

Type/Cause of Head or Blast Injury	Date of Injury (MM/YYYY)	Symptoms Following Injury	Did You receive treatment for the injury? If so, identify the name and location of the medical provider.

3. Identify all the symptoms have You experienced following any head or blast injuries?

Symptom/Condition	Have You Ever Experienced Following A Head or Blast Injury?	When Experienced? (Check All that Apply)
Felt Dazed, Confused, Out of It/Saw Stars	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Loss of Consciousness 1 Minute or Less	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Loss of Consciousness More than 1 Minute	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Not Remembering Injury	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Ringing in the Ears	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Headaches or Migraines	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Photosensitivity	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Dizziness	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Memory Problem	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use
Balance Problems	<input type="checkbox"/> Yes - After Event <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<input type="checkbox"/> Before CAEv2 Use <input type="checkbox"/> During CAEv2 Use <input type="checkbox"/> After CAEv2 Use



4. Have You ever been diagnosed with a concussion or traumatic brain injury (TBI)?

- Yes  No

If Yes, identify all concussions or traumatic brain injuries you have been diagnosed with having:

Diagnosed Condition & Cause	Date of Injury (MM/YYYY)	Date of Diagnosis (MM/YYYY)	Identify the name and location of the medical provider who made the diagnosis.

5. Identify each healthcare/medical provider (including but not limited to medical clinics, audiologists, and/or hospitals) where you have sought or received medical care at any point in time for any reason from childhood through the present:

Medical Provider (Name of clinic, hospital, etc.)	Location (City, State)	Type of Medical Care Sought/Provided	Earliest Year of Treatment	Latest Year of Treatment

**IX. HEARING LOSS**

1. Do you allege that you experience hearing loss as a result of your use of the CAEv2 earplugs?

- Yes  No

2. Have you ever been diagnosed with hearing loss?

- Yes  No

3. When were you diagnosed with hearing loss? *Select all that apply.*

- BEFORE first use of the CAEv2 earplugs  
 DURING use of the CAEv2 earplugs  
 AFTER last use of the CAEv2 earplugs  
 I have never been diagnosed with hearing loss

4. If you *have* been diagnosed with hearing loss, provide the following information regarding who diagnosed the hearing loss:

Diagnosing Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Diagnosis	Date of Diagnosis (MM/YYYY)	Diagnosis

5. Do You *have* any medical record or hearing test evidence supporting your claimed hearing loss diagnosis?

- Yes  No

If Yes, please describe the evidence you have: \_\_\_\_\_  
 \_\_\_\_\_

6. Have you *ever* sought treatment for hearing loss?

- Yes  No

7. When was the treatment for hearing loss sought? *Select all that apply.*

- BEFORE first use of the CAEv2 earplugs
- DURING use of the CAEv2 earplugs
- AFTER last use of the CAEv2 earplugs
- I have never been diagnosed with hearing loss.

8. If *you* have sought treatment for hearing loss, identify the medical provider from whom you sought treatment:

Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Provider	Date Treatment Sought (MM/YYYY)	Type of Treatment Sought

9. Have you ever received treatment for hearing loss?

- Yes             No

10. When was the treatment for hearing loss received? *Select all that apply.*

- BEFORE first use of the CAEv2 earplugs
- DURING use of the CAEv2 earplugs
- AFTER last use of the CAEv2 earplugs
- I have never been diagnosed with hearing loss.

11. If you have received treatment for hearing loss, identify the medical provider who provided you treatment:

Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Provider	Date Treatment (MM/YYYY)	Type of Treatment

12. Have you ever been prescribed or issued hearing aids?

- Yes             No

13. If yes, when were you issued or prescribed hearing aids? *Select all that apply.*

- BEFORE first use of the CAEv2 earplugs
- DURING use of the CAEv2 earplugs
- AFTER last use of the CAEv2 earplugs
- I have never been prescribed or issue hearing aids.

14. If you have been prescribed or issued hearing aids, identify the medical provider who prescribed or issued the hearing aids:

Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Provider	Date of Prescription (MM/YYYY)

15. If you have been prescribed or issued hearing aids, how frequently do you wear hearing aids?

- Never    A few times per month    A few times per week    Daily

16. If you ever served in the U.S. Armed Forces/Military, what was your most recent Hearing Profile:

- H-1    H-2    H-3    H-4    Did Not Serve in Military

17. Have you ever experienced difficulty hearing?

- Yes    No

18. When did you first notice difficulty with your hearing?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Describe when you first experienced any difficult with your hearing: \_\_\_\_\_

\_\_\_\_\_

19. Did you ever experience difficulty hearing before you used the CAEv2 earplugs?

- Yes    No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

20. Is your hearing the same in both ears or worse in one ear than the other?

- Same  
 Worse in the Left Ear than the Right Ear  
 Worse in the Right Ear than the Left Ear

21. Has your hearing changed over time?

- Yes    No

If Yes, please explain when and how it has changed: \_\_\_\_\_

\_\_\_\_\_

22. Have you ever had ear surgery?

- Yes    No

If yes, please provide the following information:

What was the surgery for, please describe?	Date of the surgery (MM/YYYY)	Name of doctor who performed the surgery	Clinic/Hospital Where Surgery Was Performed

What was the surgery for, please describe?	Date of the surgery (MM/YYYY)	Name of doctor who performed the surgery	Clinic/Hospital Where Surgery Was Performed

23. Do you regularly experience a sensation of fullness or pressure in one or both of your ears?

- Yes       Sometimes       No       Unsure

If yes, please provide the following information:

Ear(s) in which you have a sensation of fullness or pressure:	Date on which the sensation began:

24. Have any of your parents, siblings, or grandparents had hearing loss?

- Yes       No       Unsure

If yes, please identify the family member your relationship to them:

Family Member	Relationship	Describe Type of Hearing Loss and Age of Onset (if known)

25. Explain every way in which any hearing loss you experience currently or in the past has impacted any aspect of your life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**X. TINNITUS**

1. Do you allege that you experience Tinnitus as a result of your use of the CAEv2 earplugs?

- Yes       No

2. When did your tinnitus begin?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Describe the circumstances relating to when, where, and how your tinnitus began: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How frequently do you experience tinnitus?

- Intermittent Ringing that Comes and Goes       Continuous Ringing

If Intermittent, how many times per month do you experience tinnitus:

\_\_\_\_\_ times per month for \_\_\_\_\_ minutes per episode

4. Did you ever experience any tinnitus or ringing in your ears prior to your use of the CAEv2 earplugs?

Yes  No

If Yes, please explain in detail (including Your age, any noise exposure prior to the tinnitus onset, and the duration of the tinnitus): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever experienced tinnitus or ringing in your ears immediately after the use of hearing protection other than the CAEv2 earplugs?

Yes  No

If Yes, please explain in detail (including your age, any noise exposure prior to the tinnitus onset, the other hearing protection used, and the duration of the tinnitus): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever been diagnosed by a medical provider with tinnitus?

Yes  No

7. If yes, when were you diagnosed with tinnitus?

- BEFORE first use of the CAEv2 earplugs
- DURING use of the CAEv2 earplugs
- AFTER last use of the CAEv2 earplugs
- I have never been diagnosed with tinnitus.

8. If you have been diagnosed with tinnitus, provide the following information regarding who diagnosed the tinnitus:

Diagnosing Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Diagnosis	Date of Diagnosis (MM/YYYY)	Diagnosis

9. Do you have any medical record or hearing test evidence supporting your claimed tinnitus diagnosis?

Yes  No

If Yes, please describe the evidence You have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Have you ever sought treatment for tinnitus?

Yes  No

11. If yes, when was the treatment for tinnitus sought?

- BEFORE first use of the CAEv2 earplugs
- DURING use of the CAEv2 earplugs
- AFTER last use of the CAEv2 earplugs
- I have never sought treatment for tinnitus.

12. If you have sought treatment for tinnitus, identify the medical provider from whom you sought treatment:

Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Provider	Date Treatment Sought (MM/YYYY)	Type of Treatment Sought

13. Have you ever received treatment for tinnitus?

- Yes       No

14. If yes, when was the treatment for tinnitus received?

- BEFORE first use of the CAEv2 earplugs  
 DURING use of the CAEv2 earplugs  
 AFTER last use of the CAEv2 earplugs  
 I have never received treatment for tinnitus.

15. If you have received treatment for tinnitus, provide the following information regarding the treatment you received:

Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Provider	Date Treatment (MM/YYYY)	Type of Treatment

16. Have you ever been prescribed or issued hearing aids or sound masking devices to treat tinnitus?

- Yes       No

17. When were you issued or prescribed hearing aids or sound masking devices to treat tinnitus?

- BEFORE first use of the CAEv2 earplugs  
 DURING use of the CAEv2 earplugs  
 AFTER last use of the CAEv2 earplugs  
 I have never been prescribed nor issued hearing aids or sound masking devices to treat tinnitus

18. If you have been prescribed or issued hearing aids or sound masking devices to treat tinnitus, provide the following information regarding the person who prescribed or issued the hearing aids or sound masking devices:

Medical Provider	Affiliation of Provider (e.g. DOD, VA, etc.)	City, State of Provider	Date of Prescription (MM/YYYY)

19. If you have been prescribed or issued hearing aids or sound masking devices to treat tinnitus, how frequently do you wear hearing aids or use the sound masking device?

- Never     A few times per month     A few times per week     Daily

20. Has your tinnitus changed over time?

- Yes       No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Have any of your parents, siblings, or grandparents had tinnitus?  
 Yes       No       Unsure

If yes, please identify the family member your relationship to them:

Family Member	Relationship to them	Describe Degree of Tinnitus and Age of Onset (if known)

22. Explain every way in which any tinnitus you experience currently or in the past has impacted Your life: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XI. OTHER INJURIES**

1. Do you allege any injuries besides hearing loss and/or tinnitus that you claim were caused by your used of the CAEv2 earplugs?  
 Yes       No

If Yes, describe all injuries you allege were caused by your use of the CAEv2 and all evidence supporting your injury claim: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XII. CAEV2 LITIGATION**

1. When did you first become aware of litigation/lawsuits involving the CAEv2 earplugs?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Describe how you first learned of the litigation: \_\_\_\_\_  
 \_\_\_\_\_

2. Did you see advertisements for the CAEv2 litigation before you attempted to contact counsel to represent you in connection with Your claims relating to the CAEv2?

Yes       No

If Yes, describe when you first saw such advertisements and all the locations where you saw them (e.g. Facebook, online advertising, TV advertisements, print advertisements in newspapers/magazines): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. When did you first contact counsel to represent you in connection with your claims relating to the CAEv2?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**XIII. DAMAGES**

1. Are you claiming or do you expect to claim that you lost earnings or suffered an impairment of your earning capacity as a result of your use of the CAEv2 earplugs?

Yes       No

If Yes, describe every way in which your alleged injuries have impacted your ability to earn money in the past or in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you claiming or do you expect to claim that you have suffered emotional distress or a loss of enjoyment of life as a result of the Injury?  
 Yes             No

If Yes, describe every way in which your alleged injuries have caused you emotional distress or a loss of enjoyment of life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you claiming or do you expect to claim that your injuries have exacerbated any diagnosed mental health conditions, including anxiety disorder, depression, post-traumatic stress disorder, or other behavior disorder?  
 Yes             No

If Yes, describe every mental health diagnosis you have received, the dates of those diagnoses, and every way in which you allege your injuries have exacerbated those conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you allege that you have experienced any economic damages, including out-of-pocket expenses or other expenses, resulting from your alleged injuries?  
 Yes             No

If Yes, describe all economic damages that you allege: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you seeking any other damages in this lawsuit?  
 Yes             No

If Yes, identify all additional damages and the bases for the damages you allege: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIV. VERIFICATION**

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief formed after a reasonable inquiry. I understand that I am under an obligation to supplement these responses.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_



**EXHIBIT “2”**

**LITIGATING PLAINTIFF HEARING TEST SUMMARY**

## Litigating Plaintiff Hearing Test Summary

**Instructions:** Each Litigating Plaintiff must produce a summary of all audiograms or hearing tests documented or referenced in any medical record or military audiogram form. The Hearing Test Summary must be provided in the format shown below. Each separate hearing test, including separate tests conducted on the same day, should be entered on its own row. Hearing Tests should be listed chronologically, with earlier tests listed in the chart before tests conducted later in time. Please add additional rows if you need to include additional audiogram/hearing test results.

Citations to specific records reflecting each audiogram or hearing test must be provided in the summary chart. In addition, excerpts from Plaintiff's records documenting audiogram or hearing test results and related records from the same medical visit must be attached as exhibits to this Hearing Test Summary. Each excerpt should reflect the complete record of the visit in which the audiogram or hearing test occurred, including information about the date, medical provider, reason for visit, documentation of any symptoms reported or denied, documentation of the audiogram(s)/hearing test(s) conducted, and any notes related to treatment.

Counsel must supervise the creation of the Hearing Test Summary and must attest that the summary is based on a comprehensive review of all Litigating Plaintiff's military and non-military hearing tests and medical records and is complete and accurate. This Hearing Test Summary along with all attached excerpted records must be served on Defendants by the deadline and in the manner required by the Court's orders.

Include on the below chart information recorded in each of your hearing tests. Do not add any additional information that was not recorded in the records of the hearing test. For hearing test results, indicate "X" for frequencies not tested. The first line is completed as an example.

### PLAINTIFF INFORMATION

Plaintiff Name		Plaintiff Date of Birth	
Date Case Filed		Case Number	
Plaintiff ID		Plaintiff Counsel	

**AUDIOGRAM & HEARING TEST SUMMARY FOR [INSERT PLAINTIFF NAME] ([PLAINTIFF ID])**

Test #	Test Date	Medical Provider Name Facility Name City, State Provider Type (Military, VA, Civilian)	Hearing Test Type (Air Conduction, Bone Conduction, Other)	Left Ear Frequencies							Right Ear Frequencies							Is CAEv2 Use Shown?	Is Tinnitus Report Documented?	Exhibit # & Bates Citation
				500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000			
<i>Example</i>	<i>Jan. 1, 2000</i>	<i>Dr. Jon Smith, Alpha Clinic, Fort Lost-in-Woods, MO Military</i>	<input checked="" type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____	0	0	10	10	0	0	X	0	0	5	5	-10	-5	X	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ex. 1 PLT-000001
1			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Test #	Test Date	Medical Provider Name Facility Name City, State Provider Type (Military, VA, Civilian)	Hearing Test Type (Air Conduction, Bone Conduction, Other)	Left Ear Frequencies							Right Ear Frequencies							Is CAEv2 Use Shown?	Is Tinnitus Report Documented?	Exhibit # & Bates Citation
				500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000			
5			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Test #	Test Date	Medical Provider Name Facility Name City, State Provider Type (Military, VA, Civilian)	Hearing Test Type (Air Conduction, Bone Conduction, Other)	Left Ear Frequencies							Right Ear Frequencies							Is CAEv2 Use Shown?	Is Tinnitus Report Documented?	Exhibit # & Bates Citation
				500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000			
			<input type="checkbox"/> Other – Explain: _____ _____																	
11			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Test #	Test Date	Medical Provider Name Facility Name City, State Provider Type (Military, VA, Civilian)	Hearing Test Type (Air Conduction, Bone Conduction, Other)	Left Ear Frequencies							Right Ear Frequencies							Is CAEv2 Use Shown?	Is Tinnitus Report Documented?	Exhibit # & Bates Citation
				500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000			
16			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Test #	Test Date	Medical Provider Name Facility Name City, State Provider Type (Military, VA, Civilian)	Hearing Test Type (Air Conduction, Bone Conduction, Other)	Left Ear Frequencies							Right Ear Frequencies							Is CAEv2 Use Shown?	Is Tinnitus Report Documented?	Exhibit # & Bates Citation
				500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000			
			<input type="checkbox"/> Other – Explain: _____ _____																	
22			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Test #	Test Date	Medical Provider Name Facility Name City, State Provider Type (Military, VA, Civilian)	Hearing Test Type (Air Conduction, Bone Conduction, Other)	Left Ear Frequencies							Right Ear Frequencies							Is CAEv2 Use Shown?	Is Tinnitus Report Documented?	Exhibit # & Bates Citation
				500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000			
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Air Conduction <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other – Explain: _____ _____															<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	





**ATTORNEY ATTESTATION**

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I am an Attorney of Record for [Plaintiff Name]. I have supervised the creation of this Hearing Test Summary. It is based on a comprehensive review of all Plaintiff's military and non-military hearing tests and medical records and is complete and accurate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**EXHIBIT “3”**

**LITIGATING PLAINTIFF SUMMARY OF HEARING-RELATED MEDICAL RECORDS**

## Litigating Plaintiff Summary of Hearing-Related Medical Records

**Instructions:** Each Litigating Plaintiff must produce a summary of all hearing-related medical records in the format shown below. Each separate relevant medical event should be listed as a separate entry within each section. Entries should be listed chronologically within each section, with earlier events and records described before events and records that occur later in time. Please add additional entries if you need to include additional events and records in each section. All sections must be completed.

Citations to specific records reflecting each entry must be provided in the summary. In addition, excerpts of each record summarized or described must be attached as exhibits to this Summary of Hearing-Related Medical Records. Each excerpt should reflect the complete record of the visit described in the summary, including information about the date, medical provider, reason for visit, documentation of any symptoms reported or denied, documentation of the audiogram(s)/hearing test(s) conducted, and any notes related to treatment.

Counsel must supervise the creation of the Summary of Hearing-Related Medical Records and must attest that the summary is based on a comprehensive review of all Litigating Plaintiff's military and non-military medical records and is complete and accurate. This Hearing Test Summary along with all attached excerpted records must be served on Defendants by the deadline and in the manner required by the Court's orders.

### PLAINTIFF INFORMATION

Plaintiff Name		Plaintiff Date of Birth	
Date Case Filed		Case Number	
Plaintiff ID		Plaintiff Counsel	

**SUMMARY OF HEARING-RELATED MEDICAL RECORDS FOR [INSERT PLAINTIFF NAME] ([PLAINTIFF ID])**

**SECTION 1: Documentation of Hearing Testing & Symptoms**

List all medical records, tests, and appointments from any point in time (including related to disability evaluations and military or civilian occupational exams such as enlistment/retention physicals) related to:

- Hearing tests, audiograms;
- Reports and denials (as documented in the records) of hearing-related symptoms, including difficulty hearing;
- Reports and denials (as documented in the records) of tinnitus-related symptoms, including ringing, cricket noises, and clicking in one or both ears;
- Diagnosis or treatment of hearing-related conditions (e.g. hearing loss, tinnitus, auditory processing disorder);
- Ear exams (inner or out, including MRI or other imaging of the inner ear);
- Reports and denials (as documented in the records) of ear-related symptoms, including pain, fluid discharge, earwax, or foreign objects in ear;
- Diagnosis of conditions related to the ear, including but not limited to eardrum rupture, ear infections (i.e. otitis media), Eustachian tube dysfunction; otosclerosis, ear tumors, cholesteatoma; and
- Any treatment of a condition related to the ear, including installation of ear tubes, prescription of medication, removal of earwax, etc.

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Documentation of Hearing-Related Symptoms	Documentation of Hearing-Related Diagnoses	Describe All Hearing-Related Information in Record	Exhibit # & Bates Citation
EXAMPLE	July 1, 2000	Dr. Jon Smith (Audiologist) Alpha Clinic, Fort Lost-in-Woods, MO Military	Referral Based on DOEHRs Testing	<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		Ex. 1 PLT-000001
1				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Documentation of Hearing-Related Symptoms	Documentation of Hearing-Related Diagnoses	Describe All Hearing-Related Information in Record	Exhibit # & Bates Citation
2				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
3				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
4				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
5				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
6				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
7				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
8				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Documentation of Hearing-Related Symptoms	Documentation of Hearing-Related Diagnoses	Describe All Hearing-Related Information in Record	Exhibit # & Bates Citation
9				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
10				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
11				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
12				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
13				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
14				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		
15				<input type="checkbox"/> Denial of Hearing Difficulty <input type="checkbox"/> Denial of Tinnitus <input type="checkbox"/> Report of Hearing Difficulty <input type="checkbox"/> Report of Tinnitus <input type="checkbox"/> Not Referenced	<input type="checkbox"/> Tinnitus <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Noise-Induced Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss <input type="checkbox"/> None of the Above		

**SECTION 2: Documentation of Noise Exposures**

List all records, reports, and documentation from any time (including employment records and military personnel records, and documents related to disability evaluations and military or civilian occupational exams such as enlistment/retention physicals) that describe or discuss noise exposures and/or training or combat in which noise exposure loud enough to hear other sounds in the vicinity occurred:

- Weapons fire (whether in combat, training, or civilian activities)
- Explosions (whether in combat, training, or civilian activities)
- Loud vehicles (whether in combat, training, or civilian activities including both ground and air-based vehicles)
- Loud machinery or tools
- Other military noise
- Other non-military occupational noise
- Other non-military recreational noise

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Describe Noise Exposure Documented In Record (including but not limited to Date (or Date Range) of Noise, Source of Noise (Weapon Type, etc.), Proximity to Source of Noise, Duration of Noise, Frequency of Occurrence)	Describe All Symptoms and Diagnoses (If Any) Associated or Connected With the Noise Exposure	Exhibit # & Bates Citation
<i>EXAMPLE</i>	<i>July 1, 2000</i>	<i>Dr. Jon Smith (Audiologist) Alpha Clinic, Fort Lost-in-Woods, MO Military</i>	<i>Referral Based on DOEHRs Testing</i>			<i>Ex. 1 PLT-000001</i>
1						
2						
3						



Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Describe Noise Exposure Documented In Record (including but not limited to Date (or Date Range) of Noise, Source of Noise (Weapon Type, etc.), Proximity to Source of Noise, Duration of Noise, Frequency of Occurrence)	Describe All Symptoms and Diagnoses (If Any) Associated or Connected With the Noise Exposure	Exhibit # & Bates Citation
4						
5						
6						
7						
8						
9						
10						
11						

**SECTION 3: Documentation of Head Injuries**

List all records, reports, and documentation from any time of symptoms and incidents related to head injuries (including related to disability evaluations and military or civilian occupational exams such as enlistment/retention physicals), including but not limited to:

- Blows to the head
- Explosions
- Loss of consciousness
- Headaches
- Sleep conditions
- Memory problems
- Reports or claims (whether confirmed/diagnosed or not) of concussions or Traumatic brain injury
- Diagnoses of concussions or Traumatic brain injury (TBI)

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Describe Head Injury Documented (including Date of Injury, Location of Injury, Cause)	Describe All Symptoms and Diagnoses (If Any) Associated With Head Injury	Exhibit # & Bates Citation
1						
2						
3						

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Describe Head Injury Documented (including Date of Injury, Location of Injury, Cause)	Describe All Symptoms and Diagnoses (If Any) Associated With Head Injury	Exhibit # & Bates Citation
4						
5						
6						
7						
8						
9						
10						
11						

Event #	Date	Medical Provider, Specialty Facility Name/Location Provider Type (Military, VA, Civilian)	Reason For Visit	Describe Head Injury Documented (including Date of Injury, Location of Injury, Cause)	Describe All Symptoms and Diagnoses (If Any) Associated With Head Injury	Exhibit # & Bates Citation
12						
13						
14						
15						

**ATTORNEY ATTESTATION**

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I am an Attorney of Record for [Plaintiff Name]. I have supervised the creation of this Hearing Test Summary. It is based on a comprehensive review of all Plaintiff’s military and non-military hearing tests and medical records and is complete and accurate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_