EXHIBIT "1"

PLAINTIFF FACT SHEET

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
PENSACOLA DIVISION

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

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in an amended Plaintiff Fact Sheet verified by the Plaintiff or the court, on motion, permits the admission to be withdrawn or amended.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
			☐ Voluntarily Dismissed Without Prejudice ☐ Voluntarily Dismissed With Prejudice ☐ Involuntarily Dismissed by the Court Without Prejudice ☐ Involuntarily Dismissed With Prejudice
			☐ Voluntarily Dismissed Without Prejudice ☐ Voluntarily Dismissed With Prejudice ☐ Involuntarily Dismissed by the Court Without Prejudice ☐ Involuntarily Dismissed With Prejudice
			☐ Voluntarily Dismissed Without Prejudice ☐ Voluntarily Dismissed With Prejudice ☐ Involuntarily Dismissed by the Court Without Prejudice ☐ 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?
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ 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
☐ Indoor-Outdoor Range Earplug
☐ AO Safety Earplug
☐ EAR ARC Plug
☐ Browning Duo
☐ Other

If other, please specify: _____

3. What color combination were the CAEv2 You used (check ALL that apply):

☐ green/yellow
☐ yellow/black
☐ If other, please specify: _____
☐ Unknown
☐ red/yellow

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?
	☐ Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ ☐ Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ ☐ Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ ☐ Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ ☐ Other (specify): Provider: _____ Location (City): _____ Location (State): _____ Reason Obtained: _____	☐ No instructions were provided ☐ Only oral instructions were provided (describe): _____ _____ ☐ Only written instructions were provided (describe): _____ _____ ☐ Oral & written instructions were provided (describe): _____ _____ _____ _____ _____ _____
	☐ Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ ☐ Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ ☐ Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ ☐ Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ ☐ Other (specify): Provider: _____ Location (City): _____ Location (State): _____ Reason Obtained: _____	☐ No instructions were provided ☐ Only oral instructions were provided (describe): _____ _____ ☐ Only written instructions were provided (describe): _____ _____ ☐ 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?
	☐ Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ ☐ Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ ☐ Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ ☐ Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ ☐ Other (specify): Provider: _____ Location (City):_____ Location (State): _____ Reason Obtained: _____	☐ No instructions were provided ☐ Only oral instructions were provided (describe): _____ _____ ☐ Only written instructions were provided (describe): _____ _____ ☐ Oral & written instructions were provided (describe): _____ _____ _____ _____ _____ _____
	☐ Issued by Military (specify) Base: _____ Role of Person Who Issued: _____ Reason Issued: _____ ☐ Purchased at Military Base (specify): Base: _____ Reason Purchased: _____ ☐ Purchased at Civilian Store (specify) Store Name: _____ Store Location (City): _____ Store Location (State): _____ Reason Purchased: _____ ☐ Provided By Employer Employer Name _____ Employer Location (City): _____ Employer Location (State): _____ Reason Provided: _____ ☐ Other (specify): Provider: _____ Location (City):_____ Location (State): _____ Reason Obtained: _____	☐ No instructions were provided ☐ Only oral instructions were provided (describe): _____ _____ ☐ Only written instructions were provided (describe): _____ _____ ☐ 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.
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	______________ ______________ ______________ ______________	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ 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.
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ Daily	_____ _____ _____ _____	
	☐ A few times per year ☐ A few times per month ☐ A few times per week ☐ 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?

☐ Active Duty
☐ Active Guard/Reserve (AGR)
☐ IRR (Individual Ready Reserve)
☐ Reserves or National Guard
☐ Reserves or National Guard Currently Mobilized/On Active Duty Orders
Expected End Date of Mobilization (MM/YYYY):
_____

☐ Retired from Military
☐ Voluntarily Separated from Military But NOT Retired
☐ Involuntarily Separated from Military But NOT Retired (*e.g.* due to a medical or disciplinary separation order)

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
☐ Army		
☐ Regular		
☐ Reserve		
☐ National Guard		
☐ Marine Corps		
☐ Regular		
☐ Reserve		
☐ Navy		
☐ Regular		
☐ Reserve		

☐ Air Force		
☐ Regular		
☐ Reserve		
☐ Air National Guard		
☐ Coast Guard		
☐ Regular		
☐ Reserve		
☐ Space Force		
☐ 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:

Commissioned Officer		*Warrant Officer*	*Enlisted Members*	
☐ O-1	☐ O-5	☐ W-1	☐ E-1	☐ E-6
☐ O-1E	☐ O-6	☐ W-2	☐ E-2	☐ E-7
☐ O-2	☐ O-7	☐ W-3	☐ E-3	☐ E-8
☐ O-2E	☐ O-8	☐ W-4	☐ E-4	☐ E-9
☐ O-3	☐ O-9	☐ W-5	☐ E-5	
☐ O-3E	☐ O-10			
☐ 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)? *Select ALL that apply.*	Describe Job Responsibilities & All Noise Exposures
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ 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)? *Select ALL that apply.*	Describe Job Responsibilities & All Noise Exposures
				☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ 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? *Select ALL that apply.*	Describe Job Responsibilities & All Noise Exposures
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ 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? *Select ALL that apply.*	Describe Job Responsibilities & All Noise Exposures
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ Did not always wear hearing protection when exposed to noise	
				☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ________________ ☐ 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	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Left Ear Hearing Loss	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Tinnitus	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Ear Conditions (Other than Hearing Loss or Tinnitus)	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Traumatic Brain Injury (TBI)	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Headaches/Migraines	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Memory Loss	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Sleep Apnea	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ 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	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Temporomandibular Joint (TMJ) Condition	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Other 1 (specify): _____	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Other 2 (specify): _____	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Other 3 (specify): _____	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Other 4 (specify): _____	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ Found Medically UNACCEPTABLE to Remain in Military
Other 5 (specify): _____	☐ Yes ☐ No		☐ Found Medically ACCEPTABLE to Remain in Military ☐ 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? ☐Yes ☐ No When? _____ RIGHT EAR Disability Ever Claimed? ☐Yes ☐ No When? _____	LEFT EAR Disability Claim Ever Denied? ☐Yes ☐ No When? _____ RIGHT EAR Disability Claim Ever Denied? ☐Yes ☐ No When? _____	LEFT EAR Service Connection Awarded? ☐Yes ☐ No When? _____ RIGHT EAR Service Connection Awarded? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Tinnitus	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ 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? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Traumatic Brain Injury (TBI)	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Headaches/Migraines	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Memory Loss	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Sleep Apnea	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Neck (Cervical Spine) Condition	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ No When? _____	Current Disability % Awarded _____%
Temporomandibular Joint (TMJ) Condition	Disability Ever Claimed? ☐Yes ☐ No When? _____	Disability Claim Ever Denied? ☐Yes ☐ No When? _____	Service Connection Awarded Currently? ☐Yes ☐ 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: ____________			☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Yes ☐ No	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ____________ ☐ Did not always wear hearing protection when exposed to noise
Occupation: ____________ Employer Name: ____________ City: ____________ State: ____________			☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Yes ☐ No	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ____________ ☐ Did not always wear hearing protection when exposed to noise
Occupation: ____________ Employer Name: ____________ City: ____________ State: ____________			☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Yes ☐ No	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ____________ ☐ Did not always wear hearing protection when exposed to noise
Occupation: ____________ Employer Name: ____________ City: ____________ State: ____________			☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Yes ☐ No	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ____________ ☐ Did not always wear hearing protection when exposed to noise
Occupation: ____________ Employer Name: ____________ City: ____________ State: ____________			☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Yes ☐ No	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): ____________ ☐ 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?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ 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?
			☐ Yes ☐ No
			☐ Yes ☐ 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	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Indoor Firearm Range	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ 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	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Improvised Explosive Device (IED)/Rocket Propelled Grenade (RPG) Attacks	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Mortars	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Military Tracked Vehicles	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Military Wheeled Vehicles	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Aircraft (helicopters, airplanes, etc.)	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Other 1 (specify): _____	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ 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): _________________	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): __________________ ☐ 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?
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ 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)	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): __________________ ☐ 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	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Motorcycles/ATVs	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Concerts	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Shooting Fireworks	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Chainsaw	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Lawnmower/ Leaf Blower/ Weedeater	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Welding Equipment	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ 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	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Other 1 (specify): _____	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ Did not always wear hearing protection when exposed to noise
Other 2 (specify): _____	☐ Yes ☐ No	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use	☐ Foam Earplugs ☐ CAEv2 - Green End ☐ CAEv2 - Yellow End ☐ Earmuff/Headset ☐ Quad flange ☐ Triple flange ☐ Other (specify): _____ ☐ 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?
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ No
			☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year	☐ Yes ☐ 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	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Ear Infections	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Ear Wax/Cerumen Problems (impacted earwax, excessive production, etc.)	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Ear Pain/Ear Fullness/Discharge from Ear	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Otosclerosis (abnormal bone growth in inside the ear)	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Cholesteatoma (abnormal collection of skin cells deep in ear)	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Acoustic neuroma/Vestibular Schwannoma (non-cancerous tumor near/on the auditory nerve)	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Autoimmune disorder	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Meniere's disease	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ Do Not Recall	
Chronic Sinus Infections	☐ Yes ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use ☐ 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	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Loss of Consciousness 1 Minute or Less	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Loss of Consciousness More than 1 Minute	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Not Remembering Injury	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Ringing in the Ears	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Headaches or Migraines	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Photosensitivity	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Dizziness	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Memory Problem	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ After CAEv2 Use
Balance Problems	☐ Yes - After Event ☐ No ☐ Do Not Know	☐ Before CAEv2 Use ☐ During CAEv2 Use ☐ 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:_____