

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	

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				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: _____