# 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)<br>Alpha Clinic,<br>Fort Lost-in-Woods, MO<br>Military* | *Referral Based on DOEHRS Testing* | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | *Ex. 1<br>PLT-000001* |
| 1 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ 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 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 3 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 4 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 5 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 6 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 7 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 8 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ 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 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 10 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 11 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 12 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 13 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 14 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ None of the Above | | |
| 15 | | | | ☐ Denial of Hearing Difficulty<br>☐ Denial of Tinnitus<br>☐ Report of Hearing Difficulty<br>☐ Report of Tinnitus<br>☐ Not Referenced | ☐ Tinnitus<br>☐ Sensorineural Hearing Loss<br>☐ Noise-Induced Hearing Loss<br>☐ Conductive Hearing Loss<br>☐ Mixed Hearing Loss<br>☐ 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 |
|---|---|---|---|---|---|---|
| ***EXAMPLE*** | *July 1, 2000* | *Dr. Jon Smith (Audiologist) Alpha Clinic, Fort Lost-in-Woods, MO Military* | *Referral Based on DOEHRS Testing* | | | *Ex. 1 PLT-000001* |
| 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 |
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| 4 | | | | | | |
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## 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 |
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| 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 |
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| 12 | | | | | | |
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| 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:_____