|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
|  |  |  |  |  |  |  |
|  | […] |  |  | Ihr Zeichen: |  | […] |
|  |  |  |  | Ihre Nachricht vom: |  | […] |
|  |  |  |  | Unser Zeichen: |  | […] |
|  |  |  |  | Ihre Ansprechperson: |  | […] |
|  |  |  |  | Telefon: |  | […] |
|  |  |  |  | Fax: |  | […] |
|  |  |  |  | E-Mail: |  | […] |
|  |  |  |  |  |  |  |
|  |  |  |  | Datum: |  | […] |
|  |  |  |  |  |  |  |

Name, Vorname: […] geb.: […]

Aktenzeichen: […]

Gutachten BK 2301 (Lärmschwerhörigkeit)

|  |  |
| --- | --- |
| 1 | Vorgeschichte |
|  | Wesentliche Zeitabschnitte mit Lärmexposition, nach den Unterlagen des Unfallversicherungsträgers: |
| 1.1.1 | Vgl. Datenblatt des IFA-ELD-Berechnungsprogramms |
| 1.1.2 | Bemerkungen: |
|  | […] |
| 1.1.3 | Zeitpunkt der letzten arbeitsbedingten Lärmexposition: |
|  | […] |
| 1.2 | Angaben des Untersuchten |
| 1.2.1 | Ergänzende Angaben zur Lärmexposition und Berufsvorgeschichte: |
|  | […] |
| 1.2.2 | Relevante Ohrerkrankungen in der Familie: |
|  | […] |
| 1.2.3 | Entwicklung der Schwerhörigkeit/aktuelle Beschwerden: |
|  | […] |
| 1.2.4 | Entwicklung des Tinnitus/aktuelle Beschwerden: |
|  | Kein Tinnitus vorhanden |
|  | […] |

Az.: […], Name: […]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.2.4.1 | Entstehung: | | | Rechts | | | Links | Beidseitig |
|  | Langsam entstanden | | |  | | |  |  |
|  | Plötzlich aufgetreten | | |  | | |  |  |
| 1.2.4.2 | Belästigung: | | | | | | | |
|  | Nicht belästigend | | |  | | |  |  |
|  | Belästigend | | |  | | |  |  |
|  | Wenn ja, wie und wodurch? | | | | | | | |
|  | […] | | | | | | | |
|  | Massiv belästigend | | |  | | |  |  |
|  | Wenn ja, wie und wodurch? | | | | | | | |
|  | […] | | | | | | | |
| 1.2.4.3 | Behandlung: | | | | | | | |
|  | Keine ambulante und/oder stationäre Behandlung des Tinnitus.  Tinnitus wurde ambulant behandelt. Wenn ja, wie und wo? […]  Tinnitus wurde stationär behandelt. Wenn ja, wie und wo? […] | | | | | | | |
|  | Bemerkungen: | | | | | | | |
|  | […] | | | | | | | |
| 1.2.5 | Sonstige Angaben: | | | | | | | |
|  | Gleichgewichtsstörungen/ Schwindel | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Schädelunfälle | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Infektiös-toxische Erkrankung (z. B. Mittelohrentzündung, Scharlach, Masern, Malaria, usw.) | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Ototoxische Stoffe | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Ototoxische Medikamente | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Wehrdienst mit Lärmbelastung | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Knalltrauma, Explosion | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Lärmintensive Freizeitaktivitäten | | Nein | | Ja | Wenn ja, welche? […] | | |
|  | Sonstiges: | […] | | | | | | |

Az.: […], Name: […]

|  |  |
| --- | --- |
| 2 | Befunde |
| 2.1 | Allgemeinzustand: |
|  | Keine begutachtungsrelevanten Befunde |
|  | […] |
| 2.2 | Welcher Befund liegt vor? |
| 2.2.1 | HNO-Status entsprechend Königsteiner Empfehlung: |
|  | […] |
| 2.2.2 | Audiologische Befunde (vgl. Anlage „Audiologische Befunde“) |
|  | Bemerkungen: |
|  | […] |
| 2.2.3 | OAE-Befunde (vgl. Anlage „OAE-Befunde“) |
|  | Bemerkungen: |
|  | […] |
| 2.3 | Wie lautet die Diagnose? |
|  | […] |
| 2.3.1 | ICD-Klassifikation: |
|  | […] |
| 3 | Beurteilung (bitte ausführlich begründen) |
| 3.1 | Welche Hörschäden sind ursächlich auf arbeitsbedingte Lärmeinwirkungen zurückzuführen? |
|  | […] |
| 3.2 | Welche Hörschäden sind nicht ursächlich auf arbeitsbedingte Lärmeinwirkungen zurückzuführen? |
|  | […] |
| 3.3 | MdE-Einschätzung |
| 3.3.1 | Wie hoch ist die MdE durch den arbeitsbedingten Hörverlust einzuschätzen? |
|  | MdE […] % ab […]  MdE […] % ab […] |
| 3.3.2 | Wie hoch ist die MdE durch den arbeitsbedingten Hörverlust – gegebenenfalls inklusive des integrierten Begleit-Tinnitus (s. Königsteiner Empfehlung 4.4.4) – einzuschätzen? |
|  | MdE […] % ab […]  MdE […] % ab […] |

Az.: […], Name: […]

|  |  |  |
| --- | --- | --- |
| 3.4 | Halten Sie eine Nachuntersuchung für erforderlich? | |
|  | Nein | Zum Zeitpunkt der Beendigung der Lärmarbeit  Ja, in […] Jahren (begründete Ausnahmefälle)  Ja, im Rahmen G 20 „Lärm“ |
| 3.5 | Maßnahmen der Individualprävention: | |
|  | Keine | |
|  | Individuelle Beratung zum Gehörschutz und Kontrolle der Benutzung am Arbeitsplatz (BGl 823) | |
|  | Bereitstellung und Verwendung speziell ausgewählten Gehörschutzes | |
|  | […] | |
|  | Verkürzung der Fristen für Maßnahmen der arbeitsmedizinischen Vorsorge (G 20 „Lärm“) | |
| 3.6 | Die Kriterien der Hilfsmittel-Richtlinie (HilfsM-RL) für die Versorgung mit Hörgeräten sind erfüllt. Die Versorgung mit Hörgeräten ist notwendig wegen | |
|  | der Schwerhörigkeit (§ 21 und 22 HilfsM-RL) | |
|  | des Begleit-Tinnitus (§ 24 HilfsM-RL) | |
| 3.7 | Versorgung mit Hörgeräten zu Lasten des Unfallversicherungsträgers: | |
|  | Nein, weil […]  Ja, weil […] | |
|  |  | |
| 3.8 | Empfehlungen zur Tinnitus-Rehabilitation (Mehrfachantworten möglich)  Counseling  Entspannungsverfahren, z. B. progressive Muskelentspannung nach Jacobson  Kognitive Verhaltenstherapie, z. B. bei deutlicher psychosomatischer Komorbidität  Retraining-Therapie, als ambulante oder teilstationäre Kombinationstherapie  Stationäre Rehabilitation, bei dekompensiertem Tinnitus | |

Az.: […], Name: […]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tag der Untersuchung: […] | | | | |
| Die versicherte Person erschien um […] Uhr, entlassen um […] Uhr. | | | | |
|  | | | |
| Das Gutachten wird nach persönlicher Begegnung mit der versicherten Person sowie eigener Prüfung und Urteilsbildung erstattet. | | | |
|  | | | |
| Ich möchte eine Rückmeldung zur Einschätzung der Qualität und Verwertbarkeit des Gutachtens.  Nein  Ja | | | |
|  |  | | |
| Ort, Datum | |  | **Institutionskennzeichen (IK)** |
| […] | |  | […]  **Falls kein IK** – Bankverbindung (IBAN) – |
| Unterschrift der beauftragten Gutachterin/des beauftragten Gutachters | |  |  |

Anlage

Akte

Audiologische Befunde

OAE-Befunde

Ton-/Sprachaudiogramm

[…]

Az.: […], Name: […]

Audiologische Befunde  
(Bitte im Original beifügen)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tag der Untersuchung: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| […] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Hörweiten- und Stimmgabelprüfungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | Audiometrie | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2.1 | | Tonaudiogramm | | | | | | | | | | | | | | | | | | | | | | | | |
| WEBER bei ~ 440 Hz (a1-Stimmgabel) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rechts | | | | | Hörverlust nach Röser 1980; modifiziert nach Brusis 2017\* | | | | | | | | | | | | | | | Links | | | | |
|  | | | | | | | | Re. | | | | | | Med. | | | | | | | Li. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rechts | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Links | | | | |  | | […] | | | dB | | | Tonhörverlust bei 1 kHz | | | | | | | | | | | | | […] | | | | dB | |
|  |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | […] | | | dB | | | Summe der Hörverluste bei  2 u. 4/3 kHz | | | | | | | | | | | | | […] | | | | dB | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pos. | | Neg. | | | | | | RINNE | | | | | | | | | | | | | | | | | | Pos. | | | | Neg. | | |  | | […] | | | % | | | Hörverlust\* | | | | | | | | | | | | | […] | | | | %\* | |
|  | […] | | | m | | | | | | | Umg.-Sprache (Zahlwörter) | | | | | | | | | | | | | | | […] | | | | | | m |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | […] | | | m | | | | | | | Flü.-Sprache (Zahlwörter) | | | | | | | | | | | | | | | […] | | | | | | m |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Länge des Untersuchungsraumes | | | | | | | | | | | | | | | | | | | | | | | | | […] | | | | | | m |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 | Sprachaudiogramm  Hinweis: Prüfung der „Einsilbigen Wörter“ bei 60, 80 und 100 dB und bei 65 dB (wegen Hörgeräte-Versorgung) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rechts | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Links | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Hörverlust für Zahlwörter: | | | | | | | | | | | | | | | | | | […] | | | | | | dB | | | | | | | |  | | | Hörverlust für Zahlwörter: | | | | | | | | | | | […] | | | | | | | dB | | | | | | |
|  | Gesamtwortverstehen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Gesamtwortverstehen: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | 60 dB | | | | […] | | | | | | | | | |  | |  | | |  | | | |  | | | | | | | | |  | | | 60 dB | | | | […] | | | |  |  | | | |  | | | |  | | | | | | | |
|  | 80 dB | | | | […] | | | | | | | | | |  | |  | | |  | | | |  | | | | | | | | |  | | | 80 dB | | | | […] | | | |  |  | | | |  | | | |  | | | | | | | |
|  | 100 dB | | | | […] | | | | | | | | | |  | |  | | |  | | | |  | | | | | | | | |  | | | 100 dB | | | | […] | | | |  |  | | | |  | | | |  | | | | | | | |
|  | Summe | | | | […] | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | | |  | | | Summe | | | | […] | | | |  | | | | |  | | | |  | | | |  | | | |
|  | = Hörverlust | | | | | | | | | […] | | | | | %\* | | |  | | | | | |  | | | | | |  | | |  | | | = Hörverlust | | | | | | […] | | %\* | |  | | | | | |  | | | | | |  | |
|  | \* Zur Berechnung des prozentualen Hörverlustes vgl. Abschnitt 4.3 der „Königsteiner Empfehlung“, 6. Auflage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 | Plausibilitätsprüfung (vgl. Abschnitt 4.1 der „Königsteiner Empfehlung“) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rechts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | HV 0,25 kHz | | | | | | | | | | | […] dB | | | | + HV 0,5 kHz | | | | | | […] dB | | | | | | + HV 1,0 kHz | | | | | | | […] dB | | | geteilt durch 3 | | | | | | […] dB | | | | } | | Differenz | | | | | | | […] dB | | | |
|  | […] | | | | | | | | | | | […] | | | | […] | | | | | | […] | | | | | | […] | | | | | | | […] | | | […] | | | | | | […] | | | |
|  | Hörverlust f. Zahlwörter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | […] | | | |  | | | | | | |  | | | |
|  | Links | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | HV 0,25 kHz | | | | | | | | | | | […] dB | | | | + HV 0,5 kHz | | | | | | […] dB | | | | | | + HV 1,0 kHz | | | | | | | […] dB | | | geteilt durch 3 | | | | | | […] dB | | | | } | | Differenz | | | | | | | […] dB | | | |
|  | […] | | | | | | | | | | | […] | | | | […] | | | | | | […] | | | | | | […] | | | | | | | […] | | | […] | | | | | | […] | | | |
|  | Hörverlust f. Zahlwörter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | […] | | | |  | | | | | | |  | | | |
| 3 | Weitere Methoden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 | Tympanometrie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rechts | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Links | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Offen | | | | | | | | | | | Normal | | | | | | | | | | Abgeflacht | | | | | | | | | | | | | | Offen | | | | | | Normal | | | | | | | | Abgeflacht | | | | | | | | | | |
|  | | Mittelohrdruck | | | | | | | | | | | […] daPa | | | | | | | | | | | | | | | | | | | | | | | | Mittelohrdruck | | | | | | […] daPa | | | | | | | | | | | | | | | | |

Az.: […], Name: […]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.2 | | STAPEDIUSREFLEX | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Rechts | | | Auslösbar | | | | | Nicht auslösbar | | | | Metzrecruitment | | | Positiv | | | | Negativ bei | | | | […] | | kHz | |
|  | | Links | | | Auslösbar | | | | | Nicht auslösbar | | | | Metzrecruitment | | | Positiv | | | | Negativ bei | | | | […] | | kHz | |
| 3.3 | | SISI | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Rechts: | bei | | […] | | | kHz | | […] | | | % | Links: | | | bei | […] | | | kHz | | […] | | % | | |
| 3.4 | | LÜSCHER | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Rechts: | bei | | […] | | | kHz | | […] | | | dB | Links: | | | bei | […] | | | kHz | | […] | | dB | | |
| 3.5 | | LANGENBECK | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Rechts: | | | Mündet ein | | | | | Weicht aus | | | | Links: | | | | Mündet ein | | | | | Weicht aus | | | | |
| 3.6 | | Sonstige Tests | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | […] | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | Bestimmung des Tinnitus | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 | | Bestimmung | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Rechts bei | | | | […] | | | | | | kHz, verdeckbar mit | | | […] | | | | | | | dB | | | | |
|  | | Links bei | | | | […] | | | | | | kHz, verdeckbar mit | | | […] | | | | | | | dB | | | | |
|  | | Die Symbole bei Tinnitusbestimmung sind in das Tonaudiogramm einzutragen. | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 | | Ausprägung: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | Rechts | | | | Links | | | Beidseitig | | | | |  | | | | | | | |
|  | | Zeitweilig | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Ständig | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Hoher Ton | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Tiefer Ton | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Rauschen | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Pfeifen | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Brummen | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | Zischen | | | | |  | | | |  | | |  | | | | |  | | | | | | | |
|  | | pulsierend | | | | |  | | | |  | | |  | | | | |  | | | | | | | |

Az.: […], Name: […]

OAE-Befunde

(Bitte im Original beifügen)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tag der Untersuchung: | | | | | | | | | |  | | | | | | | |
| […] | | | | | | | | | |  | | | | | | | |
| 1.1 | Untersuchte Ohren | | | | | | | | | | | | | | | | |
|  | Beidseitig | | | | | | | Rechts | | | | | | Links | | | |
| 1.2 | Welche otoakustischen Emissionen (OAE) wurden gemessen? | | | | | | | | | | | | | | | | |
|  | DPOAE | | | | | TEOAE | | |  | | | | Andere: […] | | | | |
| 1.3 | Welches Gerät wurde für die Messung benutzt? | | | | | | | | | | | | | | | | |
|  | Hersteller: | | | […] | | | | | | | | | | | | | |
|  | Gerätetyp: | | | […] | | | | | | | | | | | | | |
|  | Baujahr: | | | […] | | | | | | | | | | | | | |
| 1.4 | Ergebnisse der Untersuchung | | | | | | | | | | | | | | | | |
|  | Bitte dokumentieren Sie Ihre Ergebnisse in der Tabelle wie folgt: | | | | | | | | | | | | | | | | |
|  | OAE | | | | | | | | | | | | | | | | |
|  | + –  ∅ | Vorhanden (Signal-Störschallabstand =/> 6 dB) Nicht vorhanden (Signal-Störschallabstand < 6 dB) Nicht messbar | | | | | | | | | | | | | | | |
|  | Rechtes Ohr | | | | | | | | | | | | | | | | |
|  | DPOAE | | | | | | | | | | | TEOAE | | | | | |
|  |  | |  | | 1000 Hz | | 2000 Hz | 4000 Hz | 6000 Hz | |  |  | | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz |
|  | OAE | |  | | […] | | […] | […] | […] | |  | OAE | | […] | […] | […] | […] |
|  | Linkes Ohr | | | | | | | | | | | | | | | | |
|  | DPOAE | | | | | | | | | | | TEOAE | | | | | |
|  |  | |  | | 1000 Hz | | 2000 Hz | 4000 Hz | 6000 Hz | |  |  | | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz |
|  | OAE | |  | | […] | | […] | […] | […] | |  | OAE | | […] | […] | […] | […] |

Anlage

Messergebnisse (Originaldatenblätter)