

EXHIBIT A
Filed Case Census Form
Initial Census Questions

1. Information

- a. Claimant Name: _____
- b. Law Firm: _____
- c. Original Case No (if applicable): _____ cv _____ Not applicable:
- d. Original Case Filing Date: _____
- e. MDL Case No: _____
- f. MDL Case Filing Date: _____
- g. Male Female
- h. Date of Birth: _____
- i. Current state of residence: _____
- j. Number of years in current state of residence: _____

2. Did the claimant serve in the military and/or armed forces?

Yes No

If yes:

- a. Identify each branch the claimant served in, and the dates of service in each branch:

Branch	Start Date	End Date
		Present

- b. Identify each of the claimant's duty stations between 2000 and present:

Duty Station	Military Occupational Specialty	Used Combat Arms Earplugs?	Duty Station Start Date	Duty Station End Date
				Present
				Present

5. Did the claimant use CAEv2 earplugs, the Indoor-Outdoor Range earplugs, or the EAR Arc earplugs as a civilian at any time?

Yes

No

a. If yes, select all that apply:

CAEv2

Indoor-Outdoor Range earplugs

EAR Arc earplugs

b. Specify reason for use:

Reason for Use	Use
Military Contractor	
First Responder	
Shooting Range	
Hunting	
Welding	
Construction	
Other:	

6. Identify the physical injuries claimant sustained as a result of using CAEv2 earplugs:

Total Hearing Loss, Left Ear

Total Hearing Loss, Right Ear

Percentage/grade of hearing loss, if known:

Partial Hearing Loss, Left Ear

Partial Hearing Loss, Right Ear

Percentage/grade of hearing loss, if known:

Tinnitus, Left Ear

Tinnitus, Right Ear

Tinnitus - Extent Unknown

Other—Specify: _____

7. Identify the approximate year on which the claimant first noticed:
- a. that the CAEv2 was not providing adequate protection from loud noises;
Date: _____
 - b. the injury described in response to Question No. 6 above.

Injury described in response to Question No. 6	Approx. year first noticed injury

0"*****J cu'j g'j gctkpi 'nqu'k' gpvkgf 'k' t'gur qpug'v'q'S wgvkqp'P q08"cdqyg'dggp'k' gpvkgf
 during an audiogram or other hearing test?"

Yes No

If yes, what was the approximate date of the first audiograms or other hearing tests that identified the injuries described in response to Question No. 6 above?

Injury identified	Approx. Date of the first hearing tests

Injury identified	Approx. Date of the first hearing tests

9. Has the claimant received disability benefits as a result of hearing loss, tinnitus or other hearing injury?

Yes No

If yes, identify the agency or entity that provided the claimant with disability benefits:

Declaration

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all the information provided in response to these Initial Census Questions 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: _____