

Application and Certification for High-Volume Player and Headphones

Instructions

The high-volume player and headphones are designed for use only by patrons of the National Library Service for the Blind and Physically Handicapped (NLS) who are hearing impaired. This high-volume player and headphone combination will produce a sound level of up to 120 dB in adults. If you require greater amplification to hear the recordings, this high-volume player and headphone combination is not suitable for you.

To submit your application: (1) complete Part I, applicant information; (2) have a physician or audiologist complete Parts II and III to certify your hearing impairment and review warnings related to use of the high-volume player and headphones; (3) Part V will be completed by the Talking Books Library. Send a copy of the completed form to the Talking Books Library, One Capitol Hill, Providence, RI 02908. You may also fax the application to (401)574-9320 or send a scanned copy via email attachment to talking.books@olis.ri.gov.

Please read the following warnings carefully and, if necessary, have them thoroughly explained to you.

Warning: This amplifier/headphone combination can cause permanent damage to your hearing if not used in accordance with these instructions.

1. The high-volume player and headphones should be used at the lowest volume at which you can hear the sound of the talking book. Discontinue use of the high-volume player and headphones if, during or after use:
 - your ears are ringing
 - sounds are muffled, as if you are in a barrel
 - sounds are distorted, as if coming through a poor-quality speaker
 - you find yourself shouting to communicate with other people
 - your ears feel dull and full

These are some of the symptoms of hearing damage. If any of these symptoms occur during or after use of the amplifier/headphones, immediately stop use and contact your physician or hearing specialist.

2. Do not use any other headphones with this player; other headphones may produce excess sound that can further damage your hearing.

Special warning for patrons under eighteen (18) years old

The high-volume player and headphones will produce a sound level up to 120 dB. However, the effective amplitude of the device is affected by the size of the ear canal. In users under age eighteen (18), the device may produce amplitude above 120 dB that may result in permanent damage to hearing. Users under the age of eighteen must have a physician review the application and certify the equipment is suitable for the individual to use.

Special warning for caregivers of adult patrons

Setting the volume too high may result in permanent damage to hearing. Each time the high-volume player and headphones are used, set the player at the lowest volume and increase the volume gradually until the user can hear. After a reading session, periodically check to ensure the user is not experiencing any of the symptoms of hearing loss as listed above.

Medical examination and certification

All patrons applying for the high-volume player and headphones must be certified as hearing impaired by a physician or audiologist. Because continuing physical development can change the extent of hearing loss, users under age eighteen must have a medical examination and be certified to receive the equipment by a physician or audiologist (see above).

For older hearing-impaired individuals, routine use of the high-volume player and headphones is less likely to cause further loss of hearing. Also, the individual's loss of hearing may be accompanied by other conditions for which the individual receives attention. Therefore, a specific medical examination by a physician for use of the high-volume player and headphones is in the individual's best health interest, but it is not required. The user may receive the device with certification of hearing loss by a physician or licensed audiologist and the user's waiver of a medical evaluation.

Application and Certification for High-Volume Player and Headphones

Please print or type

Part I: Applicant Information

Name (Last) _____ (First) _____ (Initial) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Part II: Certification of Hearing Impairment by Physician or Audiologist (required)

Name (Last) _____ (First) _____ Initial) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Signature _____ Date _____

Part III: Physician or Audiologist Approval of Use

I, _____, certify that I have conducted a medical evaluation, reviewed the application and warnings with patient _____ and certify this patient may benefit from the high-volume player and headphones provided by the National Library Service for the Blind and Physically Handicapped (NLS) for use in hearing recorded materials provided by NLS. I have advised the patient of the written warnings supplied within this application.

Physician/Audiologist:

Signature _____ Date _____

Hospital/Practice _____

Telephone _____ Email _____

Part IV: Waiver of Physician or Audiologist Approval of Use (must be 18 or older and accompanied by certification of hearing impairment):

I have not obtained a medical evaluation to determine if the high-volume player and headphones are suitable for use. (User’s waiver of medical evaluation below must be completed.)

User’s Waiver of Physician or Audiologist Approval of Use:

I certify that I am eighteen (18) years of age or older and hereby waive a medical evaluation to certify use of the high-volume player and headphones provided by the National Library Service for the Blind and Physically Handicapped (NLS), despite being warned that the exercise of this waiver is not in my best health interest and the use of a high volume player and headphones without certification from a physician or audiologist is strongly discouraged.

Applicant's Signature _____ Date _____

Part V: Network Librarian

Your completion of this form verifies the applicant is a participant in the talking-book program administered by your library for NLS.

Name (Last) _____ (First) _____ (Initial) _____

Network Library _____

Telephone _____ Email _____

Signature _____ Date _____