

Scheduled and non-scheduled conditions

Deafness

The medical board doctor should assess hearing loss clinically with the person using hearing aids if normally worn. Absolute deafness is covered by the **prescribed degrees of incapacity**.

If there is conflicting evidence on the degree of deafness, then it is advisable that the medical board should state the reason for its preference of that on which its assessment is based.

Standing 5 metres behind the person they should talk in a normal voice and ask whether the person can hear. If not move to 2 metre and repeat the test. If still cannot hear go to 30 cm and repeat the test. If still not able to hear shout at 1 metre.

It is important that the test is in keeping with the informal observations of the claimant's hearing.

Degree of hearing attained with both ears used together with average assessments for the degree of deafness which have been given by UK Medical Appeal Tribunals (figures in percentages):

Test	Per cent
Shout not beyond 1 metre	80
Conversational voice not over 30 centimetres	60
Conversational voice not over 1 metres	40
Conversational voice not over 2 metres	20
Conversational voice not over 5 metre	10
Otherwise	0

Notes on the assessment of deafness

Where the hearing in one ear is normal and there is significant deafness in the other ear the shout test as described above will show normal hearing and on this basis there is no loss of faculty. However the person may have difficulty detecting the direction of a shout so an assessment of around 5% would be appropriate.

The assessments given above apply to deafness only. Any additional features such as vertigo, tinnitus or chronic suppuration may warrant an addition to the assessment. When such additions are made, the reasons should be made clear in the report.