Washington, DC 20542

(202) 707-5100

www.loc.gov/nls

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) have your cooperating network library complete Part V, return a copy of the completed form to the NLS equipment control officer via fax or email, and retain the original completed application on file.

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.

- 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 Informa	tion		
Name (Last)	(First)		(Initial)
Street address			
City		State	ZIP
Telephone	Email		
Part II: Certification of He (required)	earing Impairment	by physic	cian or audiologist
Name (Last)	(First)		(Initial)
Street address			
City		State	ZIP
Telephone	Email		
Signature	Date		
Part III: Physician or aud	iologist approval of	use	
I,	, certify that I have conducted a		
medical evaluation, review patient	ed the application an	d warning	gs with
and certify this patient may headphones provided by the Physically Handicapped (N by NLS. I have advised the this application.	ne National Library So LS) for use in hearing	ervice for g recorded	the Blind and d materials provided
Physician/Audiologist:			
Signature		Date	
Hospital/Practice			
Telephone	Email		

Part IV: Waiver of physician older and accompanied by co	0 11	•
☐ I have not obtained a medi player and headphones are evaluation below must be c	suitable for use. (Use	9
User's Waiver of Physician or that I am eighteen (18) years of evaluation to certify use of the by the National Library Service (NLS), despite being warned the health interest and the use of a certification from a physician or	f age or older and her high-volume player a for the Blind and Phy at the exercise of this high volume player a	eby waive a medical nd headphones provided vsically Handicapped waiver is not in my best nd headphones without
Applicant's Signature		Date
Part V: Network Librarian		
Your completion of this form vetalking-book program adminis	• •	-
Name (Last)	(First)	(Initial)
Network library		
Telephone	Email	
Signature]	Date