

Hearing History

Name: _____ Social Security # _____
 Employer: _____ Phone # _____
 Job Title: _____ Shift: _____

PLEASE ANSWER EVERY QUESTION

Within the last 12 months, have you had any:

Ear pain	Right	Left	None
Drainage.....	Right	Left	None
Ringing	Right	Left	None
Sudden hearing loss	Right	Left	None
Hearing loss that comes and goes	Right	Left	None
Feeling of fullness in the ear	Right	Left	None
Ear discomfort	Right	Left	None
Problem with hearing protection	Right	Left	None
Ear wax problems	Right	Left	None
Use of a hearing aid	Right	Left	None

Are you regularly around loud noises.....	Yes	No
Have you had any medical problem that affected your hearing	Yes	No
Are you feeling unwell today	Yes	No
In the past have you worked at a job with loud noises.....	Yes	No
Does your job require you to wear hearing protection.....	Yes	No
Do you have any hobbies that expose you to loud noises.....	Yes	No
Do you regularly shoot guns	Yes	No

Please explain any "Yes" answer: _____

The above answers are true and accurate to the best of my knowledge and belief. I realize that any untrue answers may affect my employment, the examiner's recommendations, and the validity of this examination.

_____ Patient's Signature	_____ Date
_____ Technician's Signature	_____ Date

Audiogram

Name: _____ Social Security # _____

Audiogram Report

Name: _____ Social Security # _____
 Employer: _____ Employer Tel. # _____
 Job Title: _____ Shift: _____

Date of Test: _____ Baseline ___ Annual ___ Post-Exposure

Hearing Level:	Frequency	Left Ear			Right Ear		
		Low 500-1K	Med. 2-4K	High 6-8K	Low 500-1K	Med. 2-4K	High 6-8K
Normal	(0-25 dB)						
Mild Loss	(26-40 dB)						
Moderate Loss	(41-55 dB)						
Moderate/Severe Loss	(56-70 dB)						
Severe Loss	(71-90 dB)						
Profound Loss	(Over 91 dB)						
Standard Threshold Shift		Yes	No	N.A.	Yes	No	N.A.

(Standard Threshold Shifts are an average change of 10 decibels or more from the baseline audiogram in either ear at 2,000, 3,000, and 4,000 Hertz.)

Interpretation:

Left Ear: ___ Baseline ___ No Significant Change ___ Change
 Right Ear: ___ Baseline ___ No Significant Change ___ Change

Recommendations:

- ___ Use proper hearing protection when exposed to loud noises
- ___ Annual hearing test
- ___ Retest needed within _____
- ___ Follow up with your family physician
- ___ Other: _____

Test Performed by: _____

Reviewer's Signature: _____