CONFIDENTIAL

# Audiometric Questionnaire

**Can you read? (Please check the appropriate box)** ○ Yes ○ No

**Part A. Section 1. To be completed by employee.**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name | | Date of Birth | | Sex Male | Date | | Time |
| Employer | | Department | | | Job Title | | |
| Work Location | | Shift Length | 12 hours | | Noise Exposure (dBa) | | |

**Part A. Section 2. To be completed by employee. Please check all that apply and indicate ear.**

| | | |
|---|---|---|
| 1. Do you have any known past hearing loss? | ○ Yes ○ No | ○ Right ○ Left |
| 2. Have you ever seen a doctor for ear problems? | ○ Yes ○ No | ○ Right ○ Left |
| 3. Has ear surgery been recommended or performed? | ○ Yes ○ No | ○ Right ○ Left |
| 4. Have you ever had a head injury or unconsciousness? | ○ Yes ○ No | ○ Right ○ Left |
| 5. Have you ever had excessive mycins, quinine or aspirin? | ○ Yes ○ No | ○ Right ○ Left |
| 6. Do you have any family history of hearing loss prior to age 50? | ○ Yes ○ No | ○ Right ○ Left |

| 7. Have you ever had: | | | | 8. Past noisy hobbies: | | |
|---|---|---|---|---|---|---|
| a. Measles | ○ Yes ○ No | f. Diphtheria | ○ Yes ○ No | a. Firearms | ○ Yes ○ No | |
| b. Mumps | ○ Yes ○ No | g. Diabetes | ○ Yes ○ No | b. Loud Engines | ○ Yes ○ No | |
| c. Meningitis | ○ Yes ○ No | h. High Blood Pressure | ○ Yes ○ No | c. Power Tools | ○ Yes ○ No | |
| d. Chicken Pox | ○ Yes ○ No | i. Kidney Disease | ○ Yes ○ No | 9. Have you ever served in the military? | ○ Yes ○ No | |
| e. Scarlet Fever | ○ Yes ○ No | j. Ménière's | ○ Yes ○ No | 10. Do you have a second job that is noisy? | ○ Yes ○ No | |

Please explain any checked responses (include dates and Ear Specialist name, if applicable):

Please list any other activities that could have an impact on your hearing:

**Part A. Section 3. Annual Case History Update. To be completed by employee. Please check all that apply and indicate ear.**

| | | |
|---|---|---|
| 1. Have you had any difficulty hearing? | ○ Yes ○ No | ○ Right ○ Left |
| 2. Have you ever had any problems with Hearing Protection Devices? | ○ Yes ○ No | ○ Right ○ Left |
| 3. Have you been to an ear specialist since your last test? | ○ Yes ○ No | ○ Right ○ Left |
| 4. Have you had any allergies/sinus, cold/flu problems within the last month? | ○ Yes ○ No | ○ Right ○ Left |
| 5. Have you recently had an ear infection, any ear pain or ear damage? | ○ Yes ○ No | ○ Right ○ Left |
| 6. Have you had any severe ringing in your ears? | ○ Yes ○ No | ○ Right ○ Left |
| 7. Have you had any fluctuating, sudden or rapid hearing loss? | ○ Yes ○ No | ○ Right ○ Left |
| 8. Have you had any dizziness? | ○ Yes ○ No | ○ Right ○ Left |

9. Did you ever hunt or shoot? ☐ Shot Gun ☐ Rifle ☐ Hand Gun

10. Do you have any noisy hobbies?

| | | | | | |
|---|---|---|---|---|---|
| a. Motorcycles/ATV's/Racecars | ○ Yes ○ No | c. Chainsaws/Power Tools | ○ Yes ○ No | c. Snowmobiles/Small Planes | ○ Yes ○ No |
| b. Loud Music/Headphones | ○ Yes ○ No | d. Tractors/Loud Equipment | ○ Yes ○ No | d. Other: | |

11. List type of hearing protection used with noisy hobbies:

**I certify that the hearing history I have completed on this form is correct.**

**Employee Signature** **Date**

Time since Employee's Last Noise Exposure

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ○ 1) < 1 hr. | 0<br>0% | 1<br>20% | 2<br>40% | 3<br>60% | 4<br>80% | 5<br>100% | |
| ○ 2) 1 to 13 hours | ○ | ○ | ○ | ○ | ○ | ○ | |

○ 3) >14 hours

When in high noise areas at work, I use my hearing protection:
Never = 0% Always = 100%

Type of hearing protection used (Brand & Model):

**Part B. Section 1. To be completed by examiner.**

| **Observation** | | | **Testing: 500 Hz – 8000 Hz** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Otoscopic Observation** | **Left** | **Right** | Audiogram Results | 500 Hz | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz | 8000 Hz |
| Eardrum Visible? | ○ Yes ○ No | ○ Yes ○ No | Left Ear db | | | | | | | |
| Eardrum Normal? | ○ Yes ○ No | ○ Yes ○ No | Right Ear db | | | | | | | |
| Perforation? | ○ Yes ○ No | ○ Yes ○ No | Results Attached | ○ Yes ○ No | | | | | | |
| Other abnormality? | ○ Yes ○ No | ○ Yes ○ No | Audiometer Type | ○ Microprocessor (Attach results on reverse side) ○ Manual | | | | | | |
| Audiometer Calibration Date | Exhaustive | 6/12/12 | Audiometer Model | MI - 7000 | | | | | | |
| | Daily | | Serial Number | 70224 | | | | | | |

| | | |
|---|---|---|
| | | Technician Performing Audiogram:<br>○ CAOHC Tech<br>○ Audiological<br>○ MD |
| CAOHC Technician (Print name) | Date | |

**I certify this test was conducted in accordance with the OSHA Standard 1910.95**

| Examiner/Technician Signature | Date | Printed Name |
|---|---|---|

| | | | |
|---|---|---|---|
| Clinic Name | | Clinic Phone | |
| Clinic Address | | | |

Notes: