

Part A: To be completed by employee

Last Name:	First Name:
Employee ID #:	Date of Birth:
Male Female	Date of Hire:
Employer:	Department:

I acknowledge that I was notified and counseled regarding the purpose of the hearing test, effects of excess noise and use of hearing protection.

Baseline Test Annual Test

Approximate duration of noise exposure during a 40 hour work week: _____ hrs.

Number of hours since exposure to loud noise _____ hrs.

Do you know the noise level at your work station? Yes No

If, YES, the level is _____dB

Military history or previous job exposure to noise Yes No

If, YES, number of _____years

Do you wear hearing protection at work?

If, YES, what type: Ear Muffs Plugs Customized Other: _____

Are any of the following medical conditions applicable to you?

	Yes	No		Yes	No
Previous Ear Surgery			ringing in Ears		
High Blood Pressure			Dizziness		
Ear Pain			Use of Hearing Aid		
Ear / head injury			History Measles/Mumps		

Are any of the following hobbies applicable to you?

	Yes	No		Yes	No
Hunting/Shooting			Power Boating		
Airplanes/Helicopters			Water Skiing		
Motorcycling			Loud Music		
Snowmobiling			Musician		
Racing Cars			Operating Heavy Farm Equipment		
Chain saws/ Power Tools					

Do you have a cold or sinus infection today? Yes No

Employee Signature

Date

Part B: Audiological Testing – to be completed by the medical staff

Name: _____ Date of Birth: _____

Test Date: _____ Calibration Date: _____

Audiometer: _____ Serial #: _____

Baseline Annual Other: _____

Otosopic Examination	Left Ear	Right Ear
Clear Ear Canal		
Visible Ear Drum		
Evidence of Inflammation		

Test Results	Left Ear Thresholds	Right Ear Thresholds
500 Hz		
1000 Hz		
2000 Hz		
3000 Hz		
4000 Hz		
6000 Hz		
8000 Hz		

Test performed by: _____

Comment by test performer: _____

Part C: Audiological Evaluation - to be completed by provider

Comments:

Normal Hearing Test

Mild/Moderate/Severe* sensorineural hearing loss in left/right/both ears

Mild/Moderate/Severe* conductive hearing loss in left/right/both ears

Abnormal hearing & standard threshold shift (STS) noted

* Mild - greater than 25-40 dB * Moderate - greater than 40-60 dB

* Severe - greater than 60-80 dB * Marked - greater than 80 dB

Recommendations:

Use of hearing protection when exposed to noise greater than or equal to 85 decibels at work/home.

Follow up with primary care physician for further evaluation.

Audiology referral for further testing.

Standard threshold shift (STS) noted, recommend retesting within 30 days with 14 hours of noise free exposure.

Permanent threshold shift.

Provider: _____

Date: _____