AUDIOMETRIC DATA SHEET

☐ Baseline  ☐ Recheck  ☐ Annual

Last Noise Exposure: __________________________

Date of Last Audiometric Test: __________________________

CHECK IF YOU HAVE EVER HAD:

☐ Earaches  ☐ Head injury with unconsciousness
☐ Ear Infection  ☐ Childhood illnesses with high fever (Measles, mumps, whooping cough)
☐ Ear Surgery  ☐ Hearing loss in family
☐ Ear Disease(s) before age 50
☐ Severe Dizziness
☐ Ringing in ears  ☐ Frequent buildup of earwax
☐ Allergies  ☐ Frequent Colds

Check if you now have: ☐ Pain in ears  ☐ Ear Discharge  ☐ Ringing in ears

Are you aware of a hearing loss: ☐ No  ☐ Yes  If yes: ☐ Left or ☐ Right

If yes, did it occur: ☐ Gradually  ☐ Suddenly  ☐ In Childhood  ☐ Unknown

If yes, what do you think caused your hearing loss?

Are you routinely exposed to noise in your present job?  ☐ No  ☐ Yes

If yes, is the noise ☐ Continuous  ☐ Impulsive (pounding)

How long does the noise last: ☐ 8 hours/day  ☐ Less than 8 hours/day

Do you wear ear protection on the job?  ☐ No  ☐ Yes

If yes:  ☐ Plugs  ☐ Muffs  ☐ Other

Indicate if you are exposed to any of the following off-the-job noises:

☐ Motorcycles  ☐ Lawnmowers  ☐ Snowmobiles  ☐ Chainsaws
☐ Firearms  ☐ Tractors  ☐ Power tools  ☐ Band music
☐ Airplanes  ☐ Other: __________________________

Do you wear ear protection off the job?  ☐ No  ☐ Yes

This history is accurate to the best of my knowledge:

______________________________  __________________________
Employee Signature  Date