Audiometric Data Sheet

cascade HEALTH

Patient Label

☐ Baseline ☐ Recheck ☐ Annual

Last Noise Exposure:_____

Date of Last Audiometric Test:_____

CHECK IF YOU HAVE EVER HAD:

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

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 hrs/day ☐ Less than 8 hrs/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

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