

Audiometer #
Otoscopic
Right Ear
Left Ear
Normal
Abnormal

PLEASE PRINT

COMPANY NAME: Plant

Emp ID # / Badge # Last Name Name M.I.

Social Security Number Sex Are you required to be in the hearing conservation program? Yes No

1. Department: 2. Shift: (1,2,3...A, B, C...) 3. Job:

4. Date of Birth: Age: Date of Hire: Month Day Year

5. Has your hearing been tested before by your current employer? Yes No

6. Has your hearing been tested before by your previous employer? Yes No
If yes, what company? City State

7. Including military service and present and past jobs, how many years have you worked in noise?

8. Please rate your own Hearing? Right Ear: Very good Good Average Poor Very poor
Left Ear: Very good Good Average Poor Very poor

9. Protector usage: 0. Not at all 1. Seldom 2. Sometimes 3. Half of the time 4. Usually 5. Always
Type of protector: 1. Earplugs 2. Earmuffs 3. Earmuffs And Earplugs

FOR OFFICE USE ONLY
SR#
CAL. DATE
Audiometric Thresholds
Left Ear Right Ear
500
1000
2000
3000
4000
6000
8000
Technician Signature
Certification #

IN THE PAST YEAR, HAVE YOU HAD...
10. Ear Pain RT LT BOTH
11. Draining Ear RT LT BOTH
12. Dizziness/Imbalance
13. Severe ringing RT LT BOTH
14. Sudden hearing loss RT LT BOTH
15. Fluctuating loss RT LT BOTH
16. Fullness/Discomfort RT LT BOTH
17. Problem with hearing Protection. RT LT BOTH
18. Myacin Family Drug
19. High Blood Pressure

20. Has seen M.D. for ears RT LT BOTH
21. Ear Surgery RT LT BOTH
22. Unconsciousness
23. Wear a Hearing Aid RT LT BOTH
24. Mumps
25. Scarlet Fever
26. Measles
27. Meningitis
28. Diabetes
29. Kidney Disease
31. Allergies
32. Family Hearing loss
33. High noise prior to test
34. No hearing protection Before test
35. Head Cold (On day of test)
36. Military Service
37. Noisy Hobbies?
38. Loud music/headphones
39. Firearms/Guns?

I certify that the answers to the questions and statements above are, to the best of my knowledge, accurate.
I further Authorize Micro Mar to use this information for purpose of accomplishing a hearing conservation program.

Employee Signature Date