

AUDIOMETRIC INFORMATION FORM

PLEASE PRINT

Office Use Only

Audiometer #, Otoscopic Right Ear, Left Ear, Normal, Abnormal checkboxes

COMPANY NAME: Plant

Emp ID #, Last Name, Name, M.I., Social Security last 4 numbers, Sex, Are you required to be in the hearing conservation program?

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

4. Date of Birth: Age: Date of Hire:

5. Has your hearing been tested before by your current employer? 6. Has your hearing been tested before by your previous employer?

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: Left Ear: Very good, Good, Average, Poor, Very poor

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

FOR OFFICE USE ONLY: SR#, CAL. DATE, Audiometric Thresholds (Left Ear, Right Ear), Technician Signature, Certification #

IN THE PAST YEAR, HAVE YOU HAD... 10. Ear Pain, 11. Draining Ear, 12. Dizziness/Imbalance, 13. Severe ringing, 14. Sudden hearing loss, 15. Fluctuating loss, 16. Fullness/Discomfort, 17. Problem with hearing Protection, 18. Recent prescription drugs, 19. High Blood Pressure, 20. Has seen M.D. for ears, 21. Ear Surgery, 22. Unconsciousness, 23. Wear a Hearing Aid, 24. Mumps, 25. Scarlet Fever, 26. Measles, 27. Meningitis, 28. Diabetes, 29. Kidney Disease, 30. Allergies, 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