



**QUADRANT**

INTEGRATED SOLUTIONS FOR BUSINESS HEALTH ISSUES

## Audiometric Screening Questionnaire

*Please answer yes or no to all questions*

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: Massachusetts State Police

Have you had an audiometric hearing test with this employer in the past? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

Exposed to loud noises within the last 14 hours without hearing protection? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have cold or allergy symptoms today? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you wear a hearing aid? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Medical

Do you have ringing or buzzing in your ears? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has anyone in your family lost their hearing before age 50? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been told or noticed you are hard of hearing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever had a professional hearing test? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been seen by an ear specialist? Yes: \_\_\_\_\_ No: \_\_\_\_\_

- If yes, was ear surgery recommended or performed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever had any of the following?

- a head injury or were knocked out Yes: \_\_\_\_\_ No: \_\_\_\_\_

- measles or mumps Yes: \_\_\_\_\_ No: \_\_\_\_\_

- a chronic ear infection Yes: \_\_\_\_\_ No: \_\_\_\_\_

- taken "mycin" antibiotics or chemotherapeutic drugs Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Noise Exposure

Have you had a noisy occupation in the past on the job or in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you normally wear noise protection at work? Yes: \_\_\_\_\_ No: \_\_\_\_\_

- If yes, what type? \_\_\_\_\_

Do you have any noisy hobbies? If yes, check all that apply: Yes: \_\_\_\_\_ No: \_\_\_\_\_

☐ listen to music at high volume

☐ use chain saw

☐ scuba dive

☐ pilot a plane

☐ shoot for target practice/hunting

☐ use power tools

☐ motorcycle

☐ auto racing

☐ drive a tractor or heavy equipment

☐ other: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Ear canals were examined prior to testing and both ear drums were visible

☐ Daily calibration performed today and within acceptable range. Comprehensive calibration completed within past 12 months

Technician Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_