



**Audiometric Screening Questionnaire**

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

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

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

Employer: \_\_\_\_\_

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:** \_\_\_\_\_