



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? Yes: _____ No: _____

- 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:** _____