



Section 5 - Audiometry Results

Last Name		First Name		Middle Name	
Employee No or SSN (Last Four)		Date of Birth	Noise Exposure (da)	Job Title	
Date of Test	Time of Test	Work Location	Department	Shift Length (Hours)	

Unable to Test Due to: <input type="checkbox"/> Wax Buildup <input type="checkbox"/> Possible Infection <input type="checkbox"/> Noise Exposure <14 hrs. <input type="checkbox"/> Other:	<i>Affix Results Here</i>																								
Medic Evaluation/Notes:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="width: 20%;">Ear Exam (Required)</th> <th colspan="2">Left Ear</th> <th colspan="2">Right Ear</th> </tr> </thead> <tbody> <tr> <td>Eardrum Visible</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Eardrum Normal</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Perforation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Other Abnormality</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </tbody> </table>		Ear Exam (Required)	Left Ear		Right Ear		Eardrum Visible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eardrum Normal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Perforation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Abnormality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Audiogram Results	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Audiometer Type:	
Left Ear dB								<input type="checkbox"/> Results Attached	<input type="checkbox"/> Microprocessor <input type="checkbox"/> Manual
Right Ear dB									Model: _____ Serial: _____

The below listed technician(s) has demonstrated competence in administering audiometric examinations; obtaining valid audiographs; and properly using, maintaining, and checking calibrations and functioning of the audiometer being used, in compliance with OSHA CFR 1910.95 (g)(3).

_____ Print Examiner/Technician Name _____ Examiner/Technician Signature _____ Date