Audiometry Questionnaire

Instructions: Patient – complete sections 1-4 Technician – Complete sections 5

Section 1 - Patient Information

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)

Section 2 - Patient History

Cancer	☐ Yes	☐ No	High Blood Pressure	☐ Yes	☐ No
Chicken Pox	☐ Yes	☐ No	Kidney Disease	☐ Yes	☐ No
Chronic Ear Infections	☐ Yes	☐ No	Measles	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Meningitis	☐ Yes	☐ No
Diphtheria	☐ Yes	☐ No	Scarlet Fever	☐ Yes	☐ No
Ear Drainage	☐ Yes	☐ No	Severe Ringing in Ears	☐ Yes	☐ No

Section 3 - Hearing History (If yes please indicate ear)

Do you have any known past hearing loss?	☐ Yes	☐ No	☐ Left Ear	☐ Right Ear
Have you ever seen a doctor for ear problems?	☐ Yes	☐ No	☐ Left Ear	☐ Right Ear
Has ear surgery been recommended or performed?	☐ Yes	☐ No	☐ Left Ear	☐ Right Ear
Have you ever had a head injury or unconsciousness?	☐ Yes	☐ No	☐ Left Ear	☐ Right Ear
Have you ever had excessive mycins, quinine, or aspirin?	☐ Yes	☐ No	☐ Left Ear	☐ Right Ear
Do you have any family history of hearing loss prior to age 50?	☐ Yes	☐ No	☐ Left Ear	☐ Right Ear

Section 4 - Current or Past Noise Exposure

Have you ever served in the military?	☐ Yes	☐ No
Do you currently have a second job that is noisy?	☐ Yes	☐ No

Past Noisy Hobbies

Car Races	☐ Yes	☐ No	Power Tools	☐ Yes	☐ No
Firearms	☐ Yes	☐ No	Woodworking	☐ Yes	☐ No
Motorcycling	☐ Yes	☐ No			

Time since Last Noise Exposure ☐ < 1 Hr ☐ 1 to 13 Hrs. ☐ >14 Hrs.

Print Patient Name	Patient Signature	Date

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:

☐ Wax Buildup ☐ Possible Infection

☐ Noise Exposure <14 hrs. ☐ Other:

Medic Evaluation/Notes:

Affix Results Here

Ear Exam (Required)	Left Ear		Right Ear	
Eardrum Visible	☐ Yes	☐ No	☐ Yes	☐ No
Eardrum Normal	☐ Yes	☐ No	☐ Yes	☐ No
Perforation	☐ Yes	☐ No	☐ Yes	☐ No
Other Abnormality	☐ Yes	☐ No	☐ Yes	☐ No

Audiogram Results	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz		Audiometer Type:
Left Ear dB								☐ Results Attached	☐ Microprocessor ☐ 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 _____