

AUDIOMETRIC QUESTIONNAIRE

Name _____ Date _____ Gender: M F

Social Security # _____ Birth Date _____

Company Name _____ Dept. _____ Job _____ Shift _____

What type of hearing protection do you wear? Foam Plugs Hard Rubber Plugs Ear Muffs None

Have you had any of the following?

- Serious Head Injury Yes No
- Measles Yes No
- Mumps Yes No
- Diabetes Yes No
- Cancer Yes No
- Chronic Ear Infections Yes No
- Ear Drainage Yes No
- Ruptured Ear Drum Yes No
- Ear Surgery Yes No
- Recent Cold or Sinus Problems Yes No
- Hearing Loss Yes No
- Previous Workplace Noise Exposure Yes No

- Do you wear hearing aids? Yes No
- Are you a hunter/shooter? Yes No

Do you have any noisy hobbies? Check below:

- Motorcycling
- Woodworking
- Car Races
- Flying Planes
- Other _____

<i>For technician use only:</i>			
	Left Ear		Right Ear
XSP	<input type="checkbox"/>	XSP	<input type="checkbox"/>
SP	<input type="checkbox"/>	SP	<input type="checkbox"/>
MP	<input type="checkbox"/>	MP	<input type="checkbox"/>
LP	<input type="checkbox"/>	LP	<input type="checkbox"/>
XLP	<input type="checkbox"/>	XLP	<input type="checkbox"/>

If Yes, Please explain _____

Where? _____ # of Years Exposed? _____

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