



Audiometric History and Examination

Employee: _____ Sex: Male Female SU Employee ID#: _____

Dept: _____ Shift: _____ Date: _____ Time: _____

Job Description: _____ Birth date: _____

Exam Type: Base Survey Correction Annual Exit Other: Specify: _____ OFFICE USE ONLY Audiometer Serial #: 39195 Calibration Date: 6/2/08

Assessment: Not Performed
Left Right
 Normal
 Ear Drum Abnormal
 Canal Inflamed
 Discharge
 Partial Blockage/Appear Blocked
 Other
Time in current job: _____
Noise Exposure Prior to Test: _____
Number of hours since last exposure to noise without hearing protection: _____
Duration of last noise exposure: _____

Hearing Protection Worn: Always Usually Seldom Never
Type of Protection Issued: _____
Size:
Right: _____ Left: _____
Custom? _____

Hearing Conservation Education? Yes No
Current Non-Stanford Noise Exposure (select all that apply):
 Snowmobile Farming
 Motorcycle Music (ipod, mp3 etc.)
 Automobile Repair Racing
 Power Equip. Firearms
 Aircraft Second Job
 Other (specify): _____

Medical History:
Prescription Drugs: _____
Current head cold/sinus condition? Yes No
Head Injury: _____ Date: _____
Recurring or Persistent?
 Buzzing Ear Infection
 Ringing Freq. colds
 Roaring Dizziness
 Hissing Nasal Allergies
 Earaches Sinus Infections
History of Hearing Loss: Yes No
If yes, cause: _____
(Military, Injury, Industry, etc.)
Age of onset: _____
Is loss progressive? Yes No
Hearing Aid used? Yes No
Otological Consultation? Yes No
Family History Hearing Problems?

Previous Non-Stanford Noise Exposure:
 Previous Job? Years of exposure: _____
 Military? Years of exposure: _____
 Arms Artillery Engines

I have participated in a Hearing Conservation Training Program at the time of my hearing test. The following topics were discussed with me by _____.

- 1. The effects of noise on hearing
2. The purpose of the annual hearing test
3. The purpose of wearing hearing protectors and the types of hearing protectors available as well as their proper fit and care.

I understand that wearing hearing protectors is mandatory in designated areas of my job description. Replacement hearing protection is available from my supervisors. A booklet which provides information on noise, noise monitoring, audiometric testing and hearing protection was also given to me. My signature indicates that I received the booklet and participated in the training program.

Employee Signature _____ Please print name _____ Date _____