Audio History Form

Department:_____ Shift:_____ Job Title:_____
Sex: ____Male ____Female
Type of Test: (Circle one) PREPLACEMENT BASELINE (Initial) ANNUAL
RETEST TERMINATION OTHER
Have you been exposed to noise within the last 14 hours?
[ ] Yes [ ] No
Explain:_____
How do you rate your hearing?
[ ] Unknown [ ] Very poor [ ] Average [ ] Good [ ] Very good
Hearing Protection, Do you wear while at work?
[ ] Not used [ ] Seldom Used [ ] Used sometimes
[ ] 1/2 time [ ] Usually used [ ] Always used
If yes, what type of hearing protection do you wear?
[ ] Earplugs [ ] Earmuffs [ ] Both
Brand?_____

MEDICAL HISTORY (Check the correct answer)

10. Ear pain	[ ] Yes [ ] No	25. Scarlet Fever	[ ] Yes [ ] No
11. Draining Ear	[ ] Yes [ ] No	26. Measles	[ ] Yes [ ] No
12. Dizziness/imbalance	[ ] Yes [ ] No	27. Meningitis	[ ] Yes [ ] No
13. Severe ringing	[ ] Yes [ ] No	28. Diabetes	[ ] Yes [ ] No
14. Sudden hearing loss	[ ] Yes [ ] No	29. Kidney disease	[ ] Yes [ ] No
15. Fluctuating hearing loss	[ ] Yes [ ] No	30. Visible wax/object	[ ] Yes [ ] No
		31. Allergies	[ ] Yes [ ] No
16. Fullness/discomfort	[ ] Yes [ ] No	32. Family hearing loss	[ ] Yes [ ] No
17. History of prior disease/ear problem	[ ] Yes [ ] No	33. High noise exposure today	[ ] Yes [ ] No
18. Recent prescription drugs	[ ] Yes [ ] No	34. History of prior ear disease before test	[ ] Yes [ ] No
19. High blood pressure	[ ] Yes [ ] No	35. Head cold today	[ ] Yes [ ] No
20. See MD for ears	[ ] Yes [ ] No	36. Military service	[ ] Yes [ ] No
21. Ear surgery	[ ] Yes [ ] No	37. Noisy hobbies	[ ] Yes [ ] No
22. Unconsciousness	[ ] Yes [ ] No	38. Loud music/ headphones	[ ] Yes [ ] No
23. Wear hearing aid	[ ] Yes [ ] No		
24. Mumps	[ ] Yes [ ] No	39. Firearms/guns	[ ] Yes [ ] No

Explain any 'Yes' responses: _____

MEDICATIONS (Past & Present) (Please check appropriate boxes.)
[ ] Aspirin, Bufferin, Excedrin (more than 6/day)
[ ] Neomycin [ ] Streptomycin [ ] Gentamycin [ ] Quinine
Explain any checked answers: _____

_____
Employee Signature Date

OTOSCOPIC EXAM:
Right: [ ] Normal [ ] Abnormal _____ Examiners Initials_____
Left: [ ] Normal [ ] Abnormal _____ Examiners Initials_____
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