1028 FORUM DRIVE • BROUSSARD, LA 70518 • PHONE 337.704.0891 • FAX 337.704.0924

Audiometry Questionnaire

Employee Completes:

Name: Last	First	Middle	Emp No. or SSN (Last Four)	Date of Birth	Noise Exposure (dBa)

Date of Test	Time of Test	Department	Job Title	Work Location	Shift Length
					Hrs

Hearing History (Check All that apply and indicate ear)

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

Have you ever had?

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

Current or Past Noise Exposure History

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

Past Noisy Hobbies

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

Time since Candidate's Last Noise Exposure

☐ < 1 Hr ☐ 1 to 13 Hrs ☐ > 14 Hrs

Candidate/Patient Signature | Date | Printed Name

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Audiometry Results

Employee Completes:

Name: Last	First	Middle	Emp No. or SSN (Last Four)	Date of Birth	Noise Exposure (dBa)

Job Title	Work Location	Department

Unable to Test Due to:

☐ Wax Buildup ☐ Poss. Infection

☐ Noise Exposure <14hrs ☐ Other_____

Medic Eval/Notes:

Affix Results Here

Technician (Circle one) Ear Exam (Required)	Left Yes	Left No	Right Yes	Right No
Eardrum Visible	Y	N	Y	N
Eardrum Normal	Y	N	Y	N
Perforation	Y	N	Y	N
Other Abnormality	Y	N	Y	N

Audiogram Results	500Hz	1000 Hz	2000 Hz	3000 Hz	4000Hz	6000 Hz	8000 Hz
Left Ear dB							
Right Ear dB							

☐ Results Attached

Audiometer Type:
☐ Microprocessor ☐ Manual
Model:_____
Serial:_____

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

Examiner/Technician Signature	Date	Printed Name