

# Audiometric Exam

|             |       |                       |  |
|-------------|-------|-----------------------|--|
| Name:       |       | Maiden/Previous Name: |  |
| Patient ID: |       | DOB:                  |  |
| Company:    | Dept: | Job:                  |  |

## Patient Completes this Section

Yes No

- Have you been exposed to loud noises in the last 14 hours without hearing protection?\*
- Do you have a cold today?\*\*
- Have you ever been told or noticed that you are hard of hearing?
- Do you have ringing or buzzing in your ears?
- Do you have a history of ear infections or surgery to your ears?
- Do you normally use hearing protection at work? If so, what kind?
- Have you ever had your hearing tested? If yes list Agency and address below!
- Have you had dizziness or balance problems? If Yes, When first year When last time
- Do you have or have you had excessive ear wax?
- Have you had a severe head injury? If yes, Incident Year
- Do you have noisy hobbies? If yes, Describe below.
- History: Please list below any past exposure to noise including military, jobs, hobbies or activities and indicate whether you used hearing protection during these activities:

\* If yes to 1, baseline audiogram must not be performed today

\*\* If yes to 2, it is suggested the audiogram be postponed

## Examiner/Staff completes this section

500 1000 2000 3000 4000 6000 8000

|       |       |  |  |  |  |  |  |  |
|-------|-------|--|--|--|--|--|--|--|
| Date: | Right |  |  |  |  |  |  |  |
| Time: | Left  |  |  |  |  |  |  |  |
|       |       |  |  |  |  |  |  |  |

1K Verification reading

Audiometer # and Calibration Date

Performed at

Comments

Examined by:

Date: