



AUDIOMETRIC ASSOCIATES

ILLINOIS ★ TEXAS

www.audiometricassociates.com

AUDIOMETRIC EXAMINATION RECORD

LAST NAME: _____ FIRST NAME: _____

ID#: _____ NUMBER OF YEARS: _____

DOB: _____ MALE FEMALE

COMPANY:	DEPT:	SHIFT:
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Have you had within the last 12 months? **yes** **no** **code**

(L) (R) Ear pain?			10
(L) (R) Drainage?			11
(L) (R) Dizziness?			12
(L) (R) Severe constant ringing?			13
(L) (R) Fullness?			16
(L) (R) Seen Doctor for Ear Problem?			20
(L) (R) Ear Surgery?			21
(L) (R) Wear Hearing Aid?			23
Head Injury/unconsciousness?			22
Allergies today?			31
Noise in last 14 hours?			33
Use of HPD's serves as a substitute for the quiet period			
Do you wear hearing protection?			HPD
a) <input type="checkbox"/> Plugs b) <input type="checkbox"/> Muffs c) <input type="checkbox"/> Others			
Head cold Today?			35
Number of Years in the Military?			36
Exposed to noise off job?			37
Listen to loud music/headphones?			38
Firearms? (L) (R) rifle/pistol			39
Hearing conservation training?			TR

Left	Frequency	Right
	500	
	1000	
	2000	
	3000	
	4000	
	6000	
	8000	

Military Time:

Audiometer:

Examiner Initials:

Annual Baseline Retest

Comments:

EMPLOYEE SIGNATURE: _____

DATE: _____

X