

Drug Screen Compliance/ Lou's Clinical Labs Inc

NOISE EXPOSURE HISTORY FOR AUDIOGRAM EVALUATION

Name/Label

Check one of the following: Baseline, Annual, Exit

Date

Please check yes (Y) or no (N) to answer the following questions.

Y	N	Do you have hearing loss?	Y	N	Have you ever used hearing aids?
		Does your job require hearing protection?			Have you worked in noise hazard areas?
		Have you had and OSHA reportable hearing loss?			Have you filed hearing loss claim?
		In the last 14 hours, have you been exposed to loud noise without using any hearing protection?			Have any of your blood relatives had any significant hearing loss before age 50?

In the last 14 hours have you had any of the following?

Y	N	Severe dizziness	Y	N	Other sickness
		Cold, sinus, or flu symptoms			Been around loud noise in the last 14 hours
		Ringing in your ears			Taken medication? If yes, list:

Have you had any of the following noise exposure?

Y	N	Military duty	# years	Y	N	Motorcycles, snowmobiling	# years
		Artillery, flying, flight lines				Tractor, machinery	
		Home power tools, chain saw				Power boats, personal water craft	
		Hunting, shooting				Other Noisy hobbies	
		Loud music					

Please check if you have had any of the following:

Measles, mumps	Ear or mastoid surgery	Balance disorder
High fever (>104°)	Diabetes	Skull trauma or fracture
Meningitis, encephalitis	Stroke or seizure	Been near explosion or blast
Brain disease or tumor	Smoke (anything)	Knocked out or concussion
Ruptured ear drum	Kidney disease	Sudden hearing loss
Ear infections or drainage	Intravenous medications	Face numbness or paralysis
Tubes in ears	ENT evaluation	Ear wax build up
Hay fever or allergies	High blood pressure	Chronic sinus problems
Brain surgery	Audio logy evaluation	

I certify that I have completed the above questionnaire accurately, completely, and truthfully. I consent to have an audiometric evaluation to provide my employer or prospective employer with a current status of my hearing.

Date:

Employee or applicant signature:

Comments/Findings of Provider

Type of hearing protection used: Ear plugs Foam Single flange Triple flange Custom form fit Muffs

Signature: