

U.S. PUBLIC HEALTH SERVICE / FEDERAL OCCUPATIONAL HEALTH

Audiogram History / Report

Tape Tracing Here

Baseline [ ] Annual [ ] Retest [ ]

A. Identification:

Last name First name MI Social Security #
Date of birth Sex M F Length of time on job
Job title Job location

B. Noise Exposure:(check all that apply) Steady [ ] Intermittent [ ] Impulse[ ]

Source of Noise Estimated hours per day exposed

Time since most recent noise exposure: Hours Days

Duration of most recent noise exposure: Hours Days

Other Noise Exposure: (check all that apply)

- Prior military service Loud music
Firearms Motor cycles
Power tools Heavy machinery

C. Protective Equipment Used: Ear plugs [ ] Ear muffs [ ] Canal Caps [ ] Other [ ]

Type

How often do you wear this equipment: Always [ ] Sometimes [ ] Rarely [ ] Never [ ]

D. Medical History: (check all that apply)

- History of hearing loss History of ringing in ears
Family history of hearing loss History of recurrent impacted ear wax
History of recurrent ear infections History of wearing hearing aid R L
History of head injury Current cold, flu or allergy symptoms

Comments:

TO BE COMPLETED BY PHYSICIAN OR NURSE/TECHNICIAN

E. Physical examination of ear: Left Right

F. Education: (the following was discussed with the employee)

- Causes of hearing loss Types of ear protectors
How to protect hearing Importance of hearing program

G. Assessment: (check one)

- Normal audiogram
Abnormal audiogram with no change from baseline (R/L)
Standard threshold shift or other significant change (R/L)

H. Recommendations: (check all that apply)

Continue annual testing [ ] Repeat manual audiogram [ ] Refer to Audiologist/ENT [ ]

Nurse/ Technician (print name) (signature) (title) (date)

Physician (print name) (signature) (date)

Remarks:

Health Center Stamp Here

AUDIOMETER CALIBRATION (Re:29CFR 1910.95, Occupational Noise Standard)

Daily Biological /Functional Check [1910.95(h)(5)(I)]: Completed Yes [ ] No [ ]

Calibration Dates: Acoustic: Exhaustive: