

Carroll Occupational Health

Patient: _____ Company: _____ Date of Service: _____
Patient ID: _____ Contact: _____
Birthdate: ___/___/___ Age: ___ Form: F-AUDIO Page 1

Audio History Form

Department: _____ Shift: _____ Job Title: _____

Sex: ___ Male ___ Female

Type of Test: (Circle one) PREPLACEMENT BASELINE (Initial) ANNUAL
RETEST TERMINATION OTHER

Have you been exposed to noise within the last 14 hours?
[] Yes [] No

Explain: _____

How do you rate your hearing?

[] Unknown [] Very poor [] Average [] Good [] Very good

Hearing Protection, Do you wear while at work?

[] Not used [] Seldom Used [] Used sometimes

[] 1/2 time [] Usually used [] Always used

If yes, what type of hearing protection do you wear?

[] Earplugs [] Earmuffs [] Both

Brand? _____

MEDICAL HISTORY (Check the correct answer)

- 10. Ear pain [] Yes [] No
11. Draining Ear [] Yes [] No
12. Dizziness/imbalance [] Yes [] No
13. Severe ringing [] Yes [] No
14. Sudden hearing loss [] Yes [] No
15. Fluctuating hearing loss [] Yes [] No
16. Fullness/discomfort [] Yes [] No
17. History of prior disease/ear problem [] Yes [] No
18. Recent prescription drugs [] Yes [] No
19. High blood pressure [] Yes [] No
20. See MD for ears [] Yes [] No
21. Ear surgery [] Yes [] No
22. Unconsciousness [] Yes [] No
23. Wear hearing aid [] Yes [] No
24. Mumps [] Yes [] No
25. Scarlet Fever [] Yes [] No
26. Measles [] Yes [] No
27. Meningitis [] Yes [] No
28. Diabetes [] Yes [] No
29. Kidney disease [] Yes [] No
30. Visible wax/object [] Yes [] No
31. Allergies [] Yes [] No
32. Family hearing loss [] Yes [] No
33. High noise exposure today [] Yes [] No
34. History of prior ear disease before test [] Yes [] No
35. Head cold today [] Yes [] No
36. Military service [] Yes [] No
37. Noisy hobbies [] Yes [] No
38. Loud music/headphones [] Yes [] No
39. Firearms/guns [] Yes [] No

Explain any 'Yes' responses: _____

MEDICATIONS (Past & Present) (Please check appropriate boxes.)

- [] Aspirin, Bufferin, Excedrin (more than 6/day)
[] Neomycin [] Streptomycin [] Gentamycin [] Quinine

Explain any checked answers: _____

Employee Signature _____ Date _____

OTOSCOPIC EXAM:
Right: [] Normal [] Abnormal _____ Examiners Initials _____
Left: [] Normal [] Abnormal _____ Examiners Initials _____
f-audio