

# AUDIOMETRIC DATA SHEET

**Patient/Employee Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**Check if you have ever had:**

- Ear Aches
- Ringing in Ears
- Ear Infections
- Ear surgery
- Ear Disease
- Hearing loss in family before age 5
- Frequent Buildup of ea
- Severe Dizziness
- Allergies
- Head injury w/unconsciousness
- Frequent Colds
- Childhood Illnesses w/high fever (Measels, Mumps, Whooping Cough)
- Previous Hearing Test (If yes, Date) \_\_\_\_\_

**Have you ever been routinely exposed to very loud noise?**

- In a previous Job? -----  Yes  No
- In your present Job?-----  Yes  No
- In the armed forces?-----  Yes  No
- Other:  Motorcycles  Lawnmowers  Snowm  Power Tools  Chainsaws
- Firearms  Tractors  Airplar  Band Music  Other \_\_\_\_\_

**Have you ever worn ear protection at a previous job?** -----  Yes  No

**Do you now have** (check all that apply) ?

- Ear drainage or ear pain?  Right  Left  Both
- A perforated eardrum?  Right  Left  Both
- Ringing in your ear?  Right  Left  Both
- A known hearing loss?  Right  Left  Both

**If yes, how did it start?**  Unknown  Childhood  Gradual  Suddenly

**Do you wear hearing protection on the job**-----  Yes  No

**How do you perceive your own hearing?**  Good  Fair  Poor

**Have you been exposed to loud noise within the last 14 hours?**  Yes  No

**If yes, were you wearing hearing protection?**  Yes  No

This history is accurate to the best of my knowledge. I understand that this information and the results of my hearing tests may be released to my employer.

\_\_\_\_\_  
Employee/Patient Signature

BASELINE  ANNUAL  OTHER \_\_\_\_\_

	250	500	1000	2000	3000	4000	5000	6000	7000	8000
RIGHT EAR										
LEFT EAR										

Audiometer: RA300 SN# 912709

Last Calibration: March 29, 2019

Background Sound Levels:

Freq.	Inside	Freq.	Inside
125	13	2000	9.3
250	5.3	4000	11.5
500	6	8000	14
1000	7.6		

Technician:

- Howard W. Tsang, MD
- Curtis Thiessen, MD
- Christopher Freeman, PA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date