

AUDIO FORM

NAME: _____ Audiometer No.: MAICO MA800
SS#: _____ Date of Test: _____
EMPLOYER: _____ Time: _____
POSITION: _____ Tested By: _____
Calibration Date: 10/2014
Were you exposed to loud noise in the past 14 hours? _____
Do you wear hearing protection on the job? _____

OCCUPATIONAL HISTORY

Employer Duties Years Noise Exposure Ear Protection

Military Service: _____ Time Served: _____ Branch: _____
Exposed to gunfire and noise: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING:

- | | | |
|--|---|--|
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Hearing loss in family | <input type="checkbox"/> Perforation of ear drum |
| <input type="checkbox"/> Ear surgery | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prolonged illness |
| <input type="checkbox"/> Ear injury | <input type="checkbox"/> Sinus Problems | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Allergies | |
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Ringing ears | <input type="checkbox"/> Head injury | |

How would you evaluate your own hearing: _____ Good _____ Fair _____ Poor

BASELINE FOLLOW-UP

	500	1000	2000	3000	4000	6000	8000
RIGHT							
LEFT							

Comments: _____

Reviewed by: _____

Your signature indicates you have been notified of test results

Signature: _____ Date: _____