

Audiometric Exam

Name:	Maiden/Previous Name:	
Patient ID:	DOB:	
Company:	Dept:	Job:

Patient Completes this Section

Yes No

1. Have you been exposed to loud noises in the last 14 hours without hearing protection?*
2. Do you have a cold today?***
3. Have you ever been told or noticed that you are hard of hearing?
4. Do you have ringing or buzzing in your ears?
5. Do you have a history of ear infections or surgery to your ears?
6. Do you normally use hearing protection at work? If so, what kind?
7. History: Please list below any past exposure to noise including military, jobs, hobbies or activities and indicate whether you used hearing protection during these activities:

* If yes to 1, baseline audiogram must not be performed today ** If yes to 2, it is suggested the audiogram be postponed

Examiner/Staff completes this section

Yes No

1. Are ear canals obstructed?
2. Any other abnormalities noted?
If yes, comment:

		500	1000	2000	3000	4000	6000	8000
Date:	Right							
Time:	Left							

1K Verification reading

Audiometer # and Calibration Date

Performed at

Comments

Examined by:

Date: