



**Occupational Health**

*"Healthy Workers Work"*

804 Allen Street, Kelso, WA 98626 360 414-8818 fax 360-414-8088

Employee Name: \_\_\_\_\_

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

Company: \_\_\_\_\_

## AUDIOGRAM HISTORY WORKSHEET

Social Security Number: \_\_\_\_\_

Sex:  M  F

Job title: \_\_\_\_\_ Noise level: \_\_\_\_\_ dB

How long in present job: years \_\_\_\_\_ months \_\_\_\_\_ Date hired \_\_\_\_\_

**Check if you now have or if you have ever had:**  None

- Earaches     Ear disease(s)     Allergies     Hearing loss in family before age 50
- Ear infections     Ringing in ears     Ear surgery     Head injury with unconsciousness
- Severe dizziness     Frequent cold     Sinus condition     Childhood illnesses with high fevers
- Perforated eardrum     Frequent build-up of ear wax

Are you aware of a hearing loss?  No

Yes →  Both ears     Left     Right; Have you had this medically evaluated?  Yes     No

Did the loss occur -  gradually;  suddenly;  recently;  in childhood;  unknown

What caused your hearing loss? \_\_\_\_\_

Were you exposed to noise in the military service?  No     Yes Type \_\_\_\_\_ Dates \_\_\_\_\_

### OCCUPATIONAL HISTORY (list last job held on line 1)

	Type of work	Company	Noise Exposure		Hearing Protectors		Duration of employment in noise
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Are you routinely exposed to noise in your present job?  No     Yes

The noise in your current job:

- Continuous or steady     Impulsive (shot-like)
- Intermittent     Combination of each

Percent of time on the job exposed to job noise:

10 20 30 40 50 60 70 80 90 100

How long has it been since your last noise exposure without hearing protection?  0-30 min.     30-60 min.     1-2 hours  
 2-5 hours     5-8 hours     >14 hours

*(noise loud enough to raise your voice when you talk)*

Do you wear hearing protection on the job?  No     Yes →  plugs     muffs     other

How many years have you worked in noise?  0-5 years     5-10 years     10 years or more

How long have you worn your required hearing protection?  0-5 years     5-10 years     10 years or more

Indicate if you are exposed to any of the following off-the-job noises?  None

- Chain saws     Lawnmowers     Motorcycles     Tractors
- Rock band music     Firearms     Power tools     Other \_\_\_\_\_

Do you use hearing protection off the job?  Yes     No

Comments: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_