



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 _____