



Audiometric Exam

Name:	SS#:	DOB:
Address:	City:	State, Zip:
Phone (home):	(work):	Sex: F M
Employer:	Dept:	Job:

Patient Completes this Section

Yes No

- Have you been exposed to loud noises in the last 14 hours without hearing protection?*
- Do you have a cold today?***
- Have you ever been told or noticed that you are hard of hearing?
- Do you have ringing or buzzing in your ears?
- Do you have a history of ear infections or surgery to your ears?
- 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

- Are ear canals obstructed?
- Any other abnormalities noted?

If yes, comment:

	500	1000	2000	3000	4000	6000	8000
Right							
Left							

Date:

Time:

 1K Verification reading

Audiometer # and Calibration Date Performed at

Comments

Examined by: _____ Date: _____