UNITED STATES DEPARTMENT OF THE INTERIOR
FISH AND WILDLIFE SERVICE
AUDIOMETRIC REPORT

Station: _____ Address: _____

EMPLOYEES NAME	DOB	JOB SERIES AND TITLE	SOC. SEC. NO.

DATE: _____ BASELINE ( ) ANNUAL ( ) RETEST ( ) DATE OF LAST TEST: _____

CURRENT NOISE EXPOSURE

Does noise bother you? _____ If yes, how? _____

How many hours per day (on the average) do you work in noise loud enough to require hearing protection? _____ Do you wear hearing protection when required? _____ Type: Muff _____ Plugs _____ Both _____

HOBBIES: hunting? _____ shooting? _____ flying? _____ farming, gardening? _____ riding motorcycles? _____ racing cars? _____ working with power tools? _____ snowmobiles? _____ cutting wood with a chain saw? _____ playing or listening to loud music? _____ stereo headphones? _____ Other _____ _____ _____ Time in hours since most recent loud noise exposure _____ Did you wear hearing protectors? _____

PREVIOUS NOISE EXPOSURE

Were you ever in the military? _____ If yes, were you exposed to loud noises? _____ Were you in combat? _____ Did you wear hearing protection? _____

List past jobs which involved working around loud noise _____ when? _____

MEDICAL HISTORY

Have you ever:

been knocked unconscious? _____ had drainage of fluid from your ear? _____

had ear aches? _____ had head noises? _____ had allergies or sinus problems? _____

had ear surgery? _____ had a cold in last two weeks? _____ had dizziness? _____

Does anyone in your family have a hearing loss? _____

Do you believe your hearing is: good _____ fair _____ poor _____

Employee's signature: _____

Equipment: Model No. _____ Serial No. _____

Calibrated ANSI 1989 (date) _____ Background level check _____

		Right Ear							Left Ear						
		500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000
	Date														
Current Test															
Baseline															
Threshold shift															

Comments/recommendations:

Examiner: _____ Title: _____

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