HEARING TEST QUESTIONNAIRE

Date: ________________________________________  Employer: ____________________________________

Name: _______________________________________  SS#: __________________________________________

☐Baseline Exam  ☐Annual Exam  ☐Medical Surveillance  ☐Other

Employee-Please complete the following questions:

YES NO
☐ In the past 3 days, have you had a cold, flu or sinus condition?
☐ In the past 14 hours, have you been exposed to loud noise without hearing protection?
☐ Are you exposed to loud noise on the job?
☐ Does background noise cause you to raise your voice so that co-workers can hear you?
☐ Are you exposed to loud noise in your current job?  If yes
☐ Do you always wear hearing protection when exposed to workplace noise?
☐ Do you wear hearing protection off the job?
☐ Do you currently have trouble understanding normal conversation?
☐ Have you noticed a change in your hearing during the last year?
☐ Have any of your blood relatives had a hearing loss before the age of 50?

Have you ever had:

YES NO
☐ Medical care for ear problems?
☐ Drainage from the ears?
☐ Blood from the ears?
☐ Ear surgery recommended or performed?
☐ Deafness, concussion, head or ear injury?
☐ Punctured eardrum?
☐ Severe blow to the head?

Do you currently experience?

YES NO
☐ A ringing or buzzing sound in the ear?
☐ A sensation of the room spinning or loss of balance?
☐ Have you participated in an activity using firearms, power tools, snowmobiles, airplanes, motorboats, farm machinery or motorcycles off the job?

If you have been exposed to noise in any of the following activities please indicate the years of exposure:

<table>
<thead>
<tr>
<th>Activity</th>
<th>0-3</th>
<th>4-5</th>
<th>Over 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military artillery or flying</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Power boats</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Loud music</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other loud sounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

I agree to have a hearing test, and authorize the examiner to release results to my employer. False statements or failure to disclose information may disqualify me for employment.

X______________________________________________________             _______________________________________________
Employee Signature                                                                                Date

X______________________________________________________             _______________________________________________
Physician’s Signature                                                                             Date