



**BOISE
SPEECH
and
HEARING
CLINIC**

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Boise, ID 83713

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Mtn. Home, ID 83647



**Complete Care
AUDIOLOGY**

Last Name, First Name, Middle Initial			Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security No.	Date of Birth	Date of Hire	Today's Date
Employer Name & Location			Employee ID No.
Department	Job Title	Shift	Length of Shift

Type of test: Pre-employment _____, Annual _____, Retest _____, Baseline _____.

CHECK ALL THAT APPLY JUST BEFORE YOUR HEARING TEST:	YES	NO
Have you been exposed to *LOUD noise in the last 14 hours? (*LOUD=if you would have to shout to be heard at arm's length away during the noise.)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes, did you wear hearing protection during the entire noise exposure?	<input type="checkbox"/>	<input type="checkbox"/>

At work in noisy areas I use my hearing protection _____% of the time (circle percent to the right)	0% (never)	20%	40%	60%	80%	100% (always)	I am not exposed to loud noise at work.
What type of hearing protection do you use? _____							
In my noisy hobbies and activities I use my hearing protection _____% of the time (circle percent to the right)	0% (never)	20%	40%	60%	80%	100% (always)	I am not exposed to noise in my hobbies or in recreation.
What type of hearing protection do you use? _____							

INDICATE ALL THAT APPLY WITHIN YOUR LIFETIME:	Left	Right	Yes	No	Continued...ALL THAT APPLY WITHIN YOUR LIFETIME:	Yes	No
Known hearing loss (indicate ear)	L	R			Worked in noisy jobs previously		
High blood pressure					Heavy Machinery		
Seen doctor for ear problems (indicate ear)	L	R			Power Tools		
Ear surgery	L	R			Motorcycles		
Head injury/unconsciousness					Other:		
Hearing Aid(s)	L	R					
Measles					INDICATE ALL THAT APPLY WITHIN THE LAST 12 MONTHS:	Yes	No
Mumps					Seen doctor for ears since last hearing test? (Indicate ear)	L	R
Scarlet Fever					Ear problems when using hearing protection devices?	L	R
Meningitis					Feeling of pressure/fullness in ears		
Diabetes					Ear pain (continuous or frequently)	L	R
Kidney disease					Ear drainage (pus)	L	R
Allergies					Unexplained dizzy spells		
Hearing loss common in family					Ringing in ears: Constant _____ Intermittent _____ No. of yrs _____	L	R
Military Service					Sudden hearing loss	L	R
Loud Music (Stereo, Headphones, Bands, etc.)					Fluctuating hearing loss	L	R
Firearms, Rounds per year _____					Has anything happened within the last 12 months that you feel has effected your hearing?		
If you use firearms, are you a Right or Left Handed Shooter	L	R			Do you have a head cold, sinus or allergy problem <u>TODAY</u> ?	L	R

Date/Time	Audiometer	Test Booth	Calibrated	Insert phones	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz
	Madsen Iterra II	GK Acoustics	Nov 6, 2008	Left dBHL							
	MedRx Avant D2		March 2009	Right dBHL							

Otoscopy: _____

Tester's Name _____ Signature: _____

Certifying Agency: _____ Cert Num: _____ Contact person for Testing Company: _____