

Patient: _____

Test Date: _____

Employer: _____

Audiometry

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS	YES	NO
Do you wear hearing protection regularly?		
Have you been exposed to loud noise in the past 14 hours without hearing protection?		
Do you presently have a head cold or severe sinus condition?		
Have you visited a physician for your hearing in the last year?		
Are you aware of any hearing loss?		
Have you had dizziness or balance problems?		
Do you have ringing or roaring in your ears?		
Have you had exposure to firearms?		
Do you take prescription drugs?		
Have you been in military service?		
Have you ever had your hearing tested?		
Have you ever worked in noise?		
Do you have excessive earwax?		
Do you have earaches or ear drainage?		
Do you have noisy hobbies?		
Have you had a severe head injury?		
Comments:		

Otoscopic Screening (circle one)

N= appears normal

B= appears blocked

P= partial blockage

U= unknown/not performed

Right Ear: N B P U

Left Ear: N B P U

500	1,000	2,000	3,000

500	1,000	2,000	3,000

Baseline Retest Annual Exit

*IF BASELINE AUDIOGRAM
COMPLETED, AFFIX
PRINTOUT HERE*

Tech: Beth J Johnson CAOHC ID # 493515 Last Calibration Date: 2/25/2021

Signature: _____