

West Georgia Worx
Occupational Medicine
AUDIOGRAM FORM



PATIENT NAME: _____ SS#: _____

DATE OF BIRTH: _____ SEX: Male Female

EXAM TYPE: (1) PRE-PLACEMENT/BASELINE _____ (2) ANNUAL _____ (3) RETEST _____

NOISE EXPOSURE (<85 dBA) _____ (85-90 dBA) _____ (>90 dBA) _____

| | YES | NO |
|--|-----|----|
| Do you wear hearing protection on your current job? If yes, what type do you use? Plugs _____ Earmuffs _____ Both _____ Other _____ | | |
| Have you had any recent noise exposure? If yes, has it been: More than 14 hours _____ less than 14 hours _____ | | |
| Have you ever worked in noise? | | |
| Have you recently had a cold or sinus infection? | | |
| Have you ever seen a physician for your hearing? | | |
| Are you aware of any hearing loss? | | |
| Have you ever had your hearing tested? | | |
| Have you ever had dizziness or balance problems? | | |
| Do you have ringing or roaring in your ears? | | |
| Do you have excessive ear wax? | | |
| Do you have earaches or ear drainage? | | |
| Do you have exposure to firearms? | | |
| Have you ever had a severe head injury? | | |
| Do you have any noise hobbies? If yes, please list: | | |
| Have you ever been in the military? If yes, how long? | | |

Examiner signature: _____ Date: _____

Employee signature: _____ Date: _____