WorkFitMedical
Occupational Health Services

Audiogram History Form

Patient Name: _____ DOB: _____

Type of test:
Pre-Placement____ Baseline Initial____ Annual____ Retest____ Termination____ Other____

Employee History:
Job Title: _____ Department: _____ Shift:_____

Have you been exposed to noise within the last 14 Hours? Yes No
If Yes, please explain: _____

Please Circle:

How do you rate your hearing?	Poor	Average	Good	Very Good
How often do you wear hearing protection?	Never	Sometimes	Usually	Always
If Yes, what type of hearing protection do you wear?	Earplugs	Earmuffs	Both	
How often do you wear hearing protection at home?	Never	Sometimes	Usually	Always
If Yes, what type of hearing protection do you wear?	Earplugs	Earmuffs	Both	

Recreational Activities/Additional Noise Exposure

Activity	Yes	No	Activity	Yes	No
Hunting/Shooting	☐	☐	Military Service	☐	☐
Power Tool Use	☐	☐	Auto Racing	☐	☐
Farm Equipment Use	☐	☐	Motorcycle Use	☐	☐
Loud Music	☐	☐	Previous Job Exposure	☐	☐

Medical History

Condition			Condition		
Measles	☐	☐	Diabetes	☐	☐
Mumps	☐	☐	Meningitis	☐	☐
Ear Pain	☐	☐	Ear Infections	☐	☐
Severe Ringing	☐	☐	Dizziness	☐	☐
Hearing Loss	☐	☐	Wax/Foreign Body	☐	☐
Wear Hearing Aid(s)	☐	☐	Ear Surgery	☐	☐
Family History of Hearing Loss	☐	☐	Head Injury	☐	☐
Recent Head Cold/URI	☐	☐	Chemotherapy	☐	☐

Employee Signature: _____ Date: _____

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