

HEARING CONSERVATION PROGRAM

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|----------|------------|
| NAME: | SS #: |
| COMPANY: | BIRTHDATE: |
| DATE: | |
| JOB: | |

GENESYS

**OCCUPATIONAL
HEALTH NETWORK**

| Please answer questions 1-7 to the best of your ability. | YES | NO |
|---|-----|----|
| 1. Have you been exposed to loud noises in the last 14 hours without hearing protection?* | | |
| 2. Do you have a cold today?*** | | |
| 3. Have you ever been told or noticed that you are hard of hearing? | | |
| 4. Do you have ringing or buzzing in your ears? | | |
| 5. Do you have a history of ear infections or surgery to your ears? | | |
| 6. Do you normally use hearing protection at work? If so, what kind? | | |
| 7. History: Please list below any past exposure to noise including military, jobs, hobbies or activities. In the Yes/No column, indicate whether you used hearing protection during these activities. | | |
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| | | |

Patient: Please do not write below this line.

| |
|-------|
| Date: |
| Time: |

LEFT
RIGHT

| | | | | | | | |
|-----|------|------|------|------|------|------|--|
| | | | | | | | |
| 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | |

| | | |
|------------------------|----------------|-----------------|
| Otoscopic Inspections: | | |
| Test Room: GOHN | Booth Checked: | Audiometer #: 1 |
| Comments: | | |
| Tester's Signature: | | |

** If yes to #1, audiogram must not be performed today. **If yes to #2, it is suggested the audiogram be postponed.*