

work health * solutions

2101 Forest Ave
Suite 220A
San Jose, CA 95128

Hearing Conservation Exam

Name:	Age:	Today's Date:
Company:	Supervisor:	
Job Title:	Email:	Phone:

Exam Type: Baseline Annual Re-test Exit Injury Other: _____

MEDICAL HISTORY

Please list your full medical history (including childhood) with age/date of condition onset:

<u>Medical Conditions</u> Diabetes High blood pressure High cholesterol Snoring/apnea Seasonal allergies Head injury/concussion	<u>Surgeries</u> Eye surgeries Tonsils Appendix Gallbladder <u>Hospitalizations</u>	<u>Medications</u> <u>Supplements/Vitamins</u>	<u>Allergies</u> Penicillin Sulfa Bee stings Peanuts Contrast Dye
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Please describe the presence and frequency of the symptoms below:

	Ear ringing	Ear pain	Vertigo, Dizziness	Ear infection	Nasal allergies	Sinus infection	Respiratory illness/colds	
Current problem								Current problem
Freq-constant								Freq-constant
Occasional								Occasional
Rare								Rare

I do not have any of these symptoms

Please describe your current hearing loss as it pertains to each ear separately:

Age of onset of loss	Was it sudden or gradual	My hearing is getting worse	I think my hearing loss is related to work	This ear is worse	I use a hearing aid

Left ear							Left ear
Right ear							Right ear

- I do not have any hearing loss
- I have seen an audiologist or an ear/nose/throat specialist for my hearing loss

If you have any hearing loss, describe how it impacts your work and home life:

Current Work-Related Exposure Assessment

AT WORK	I <u>currently</u> work in this area				I have worked in this area <u>in the past</u>			
Loudest exposure areas or tasks	Avg hrs/day	Avg days/week	PPE use (muffs, plugs)	How often do you wear the PPE?	Avg hrs/day	Avg days/week	PPE use (muffs, plugs)	How often did you wear PPE?

Non-Industrial Noise Exposure

- Firearms
- Auto repair
- Other: _____
- Power equipment
- Motorcycle use
- Farming
- Auto racing
- Musical instruments/Loud concerts
- Aircraft-related

Military service: Describe _____

- Artillery/Arms
- Aircraft/Engines
- # years of service: _____

Second job Describe _____

- Type of noise exposure: _____
- # years of exposure: _____

Previous job(s) Describe _____

- Type of noise exposure: _____
- # years of exposure: _____

I understand that wearing hearing protectors is mandatory in designated areas of my job description and that replacement hearing protection is available from my supervisors.

My signature indicates that I understand the importance of hearing conservation and have participated in the hearing conservation program with my current employer.

Employee Signature

Date