Audiometric Exam

Name:	**Maiden/Previous Name:**	
Patient ID:	**DOB:**	
Company:	**Dept:**	**Job:**

Patient Completes this Section

	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 and indicate whether you used hearing protection during these activities:

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

Examiner/Staff completes this section

	Yes	No
1. Are ear canals obstructed?	☐	☐
2. Any other abnormalities noted?	☐	☐

If yes, comment: _____

		500	1000	2000	3000	4000	6000	8000
Date:	**Right**							
Time:	**Left**							

☐ **1K Verification reading**

Audiometer # and Calibration Date ☐ ☐ **Performed at**

Comments

Examined by: **Date:** _____