# 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:** _____

**Date:** **Time:**

| | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|
| **Right** | | | | | | | |
| **Left** | | | | | | | |

☐ **1K Verification reading**

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

**Comments**

**Examined by:** _____ **Date:** _____