Name: _____
SSN or ID#: _____
DOB: _____
Gender: _____

Audiometric Examination Record

2101 Gateway Centre Blvd., Morrisville, NC 27560 800.717.3472

Plant: | Dept: | Shift: | Job: | TWA: _____ dBA

OTOLOGIC HISTORY	YES	NO	Comments
1. Hearing loss in family?	❑	❑	
2. Dizziness / Balance problems?	❑	❑	
3. Persistent ringing in ears?	❑	❑	
4. Have you had a recent earache?	❑	❑	
5. Recent drainage from your ears?	❑	❑	
6. Any sudden hearing change?	❑	❑	
7. Any fluctuating hearing?	❑	❑	
8. Fullness / discomfort in either ear?	❑	❑	
9. Visible earwax accumulation?	❑	❑	
10. Do you take prescription drugs?	❑	❑	
11. Do you have elevated blood pressure?	❑	❑	
12. Do you have diabetes?	❑	❑	
13. Do you have arthritis?	❑	❑	
14. Any recent doctor visits for your ears?	❑	❑	
15. Have you ever had ear surgery?	❑	❑	
16. Have you ever had head trauma?	❑	❑	
17. Have you had the measles or mumps?	❑	❑	
18. Have you had meningitis / scarlet fever?	❑	❑	
19. Do you have kidney disease?	❑	❑	
20. Do you have chronic allergies, URIs?	❑	❑	
21. Have you served in the military?	❑	❑	
22. Hobbies include firearms or car racing?	❑	❑	
23. Have you had a recent cold?	❑	❑	
24. Hobbies include loud music or power tools?	❑	❑	
25. Exposed to any loud noise (non work-related)?	❑	❑	

Test Date: _____

left	frequency	right
	1000 retest	
	500	
	1000	
	2000	
	3000	
	4000	
	6000	
	8000	

○ left ◉ right

Comments:

Calibration Information (Standard: ANSI S3.6 – 1969)

Audiometer Make/Model/Serial #: _____
Audiometer Calibration Date: _____

Examiner Signature: _____
Examiner CAOHC #: _____

Name: _____
SSN or ID#: _____
DOB: _____
Gender: _____

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