Name:	Αι	ıdi	ometric	Exami	nation		
SSN or ID#:			_	_			
DOB:			Ke	cord		100	
Gender:	2101	Gatewa	ay Centre Blvd., M	orrisville, NC 275	60 800.717.3472		
Plant: Dept:			Shift:	Job:		TWA:	dBA
OTOLOGIC HISTORY	YES	NO	Comments	T		l.	
				Test Date:			
Hearing loss in family?		<u> </u>				left	
2. Dizziness / Balance problems?		<u> </u>		4	1000 retest		
3. Persistent ringing in ears?						right	
4. Have you had a recent earache?				left	frequency	right	
5. Recent drainage from your ears?6. Any sudden hearing change?						119.11	
7. Any fluctuating hearing?		-			500		
Fullness / discomfort in either ear?	 				1000		
Visible earwax accumulation?					1000		
10. Do you take prescription drugs?					2000		
11. Do you have elevated blood pressure?							
12. Do you have diabetes?					3000		
13. Do you have arthritis?					4000		
14. Any recent doctor visits for your ears?					4000		i,
15. Have you ever had ear surgery?					6000		ent
16. Have you ever had head trauma?					0000		Comments:
17. Have you had the measles or mumps?		<u> </u>		_	8000		Sor
18. Have you had meningitis / scarlet fever?							ŭ
19. Do you have kidney disease?				Calibration Ir	nformation (Standa	rd: ANSI S3.6 –	1969)
20. Do you have chronic allergies, URIs? 21. Have you served in the military?					Make/Model/Serial		,
22. Hobbies include firearms or car racing?		-			Calibration Date:	r	
23. Have you had a recent cold?	 			- Evaminar Cia			
24. Hobbies include loud music or power tools?				Examiner Sig	gnature: .OHC #:		
25. Exposed to any loud noise (non work-related)?		$\overline{}$					
	<u> </u>						
Name: SSN or ID#: DOB: Gender:	A	u d i		cord			E
Name: SSN or ID#: DOB: Gender:	A	u d i	Re	cord			EI
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Name: SSN or ID#: DOB: Gender:	A	u d i	Re	cord	60 800.717.3472	TWA:	dBA
Name:	2101	udi	Reay Centre Blvd., M	cord orrisville, NC 275	60 800.717.3472	С	dBA
Name:	2101 YES	udi Gatewa	Reay Centre Blvd., M	cord orrisville, NC 275	60 800.717.3472	C left	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 1. Hearing loss in family?	2101 YES	Gatewa	Reay Centre Blvd., M	cord orrisville, NC 275	60 800.717.3472	left	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 1. Hearing loss in family? 2. Dizziness / Balance problems? 3. Persistent ringing in ears? 4. Have you had a recent earache?	2101 YES	Gatewa	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	60 800.717.3472 1000 retest	left right	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	Gatewa NO	Reay Centre Blvd., M	cord orrisville, NC 275	60 800.717.3472	left	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	Satewa No	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	60 800.717.3472 1000 retest	left right	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	Gatewa NO	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	800.717.3472 1000 retest frequency 500	left right	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	60 800.717.3472 1000 retest frequency	left right	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	1000 retest frequency 500 1000	left right	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	800.717.3472 1000 retest frequency 500	left right	dBA
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	1000 retest frequency 500 1000	left right	dBA
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Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	1000 retest frequency 500 1000 2000	left right	
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	1000 retest frequency 500 1000 2000 3000 4000	left right	
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Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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?	2101 YES	NO O O O O O O O O O O O O O O O O O O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	1000 retest frequency 500 1000 2000 3000 4000	left right	
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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 meningitis / scarlet fever?	2101 YES	NO O O O O O O O O O O O O O O O O O O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date:	1000 retest frequency 500 1000 2000 3000 4000 6000	left right	Comments:
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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 meningitis / scarlet fever? 19. Do you have kidney disease?	2101 YES	NO O O O O O O O O O O O O O O O O O O	Reay Centre Blvd., M	left	1000 retest frequency 500 1000 2000 3000 4000 6000 8000	left right right	Comments:
Name: SSN or ID#: DOB: Gender: Plant: Dept: OTOLOGIC HISTORY 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 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?	2101 YES	NO O O O O O O O O O O O O O O O O O O	Reay Centre Blvd., M	cord orrisville, NC 275 Job: Test Date: left Calibration Ir	1000 retest frequency 500 1000 2000 3000 4000 6000 8000	left right right right right right	Comments:
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