



WORK-RELATEDNESS DETERMINATION QUESTIONNAIRE

This questionnaire must be completed if a retest of an annual hearing test reveals a CONFIRMED OSHA STS. Record the employee's responses to ALL questions. Incomplete information will delay the determination of work-relatedness. Upon completion, a copy of this questionnaire should be emailed to Thomas H. Cameron, PhD., CCC-A at EI, Inc. at tcameron@ei1.com.

SECTION 1:

ABOUT THE EMPLOYEE

1a. Employee's First & Last Name:	
1b. Employee's ID# (or SSN):	
1c. Date of Birth (mm/dd/yy):	
1d. Facility Name:	
1e. Work Phone:	
1f. Job Code:	
1g. Department Code:	
1h. Date of Test With OSHA Shift (mm/dd/yy):	
1i. Date of Confirming Retest (mm/dd/yy):	

SECTION 2:

ABOUT THE INTERVIEWER

2a. Interviewer's First & Last Name:	
2b. Interviewer's Job Title:	
2c. Date of Interview (mm/dd/yy):	
2d. Interviewer's work phone:	
2e. Interviewer's work fax:	
2f. Interviewer's email address:	_____@_____.com

SECTION 3:

WORKPLACE NOISE EXPOSURE

3a. TWA (Time Weighted Average) Noise Level:	
3b. Shift length (8hr, 10hr, 12hr, or other):	
3c. Wears earplugs, earmuffs or both when exposed to noise at work? (Circle)	Earplugs Earmuffs Both
3d. NRR (Noise Reduction Rating) of earplugs or earmuffs:	
3e. Has workplace noise level increased significantly in last 2 years?	

Additional comments regarding employee's workplace noise exposure:



SECTION 4a:

OTHER (NON-WORK) NOISE EXPOSURE

If your non-work activities include any of the following, please provide the number of years you have participated in that activity, the average number of hours per month spent in that activity, and indicate whether or not you use hearing protection. If you do use hearing protection for a particular activity, please indicate how long you have been doing so.

ACTIVITY	YEARS	HOURS/MONTH	HEARING PROTECTORS			
			Yes	No	Varies	How Long
Woodworking						
Metalworking						
Chainsaw						
Heavy Equipment						
Grinders / Chippers						
Air Driven Tools						
Lawn Implements (mowers, blowers, weed whackers, etc.)						
Motor Sports (auto racing, jet skis, motorcycles, outboards, etc.)						
Farm Machinery						
Airplane Pilot						
Loud Music (headphones, concerts)						
Skydiving						
Scuba Diving						
Other Non Work-Related Noise						

SECTION 4b:

FIREARM ACTIVITY

If your non-work activities include the use of firearms, please indicate whether you are right handed or left handed _____ . Below, please list the number of years of firearm use, caliber, average number of rounds fired per year, and whether or not you use hearing protection. If you do use hearing protection for one or more firearms, please indicate how long you have been doing so.

FIREARMS	YEARS	CALIBER	ROUNDS/YEAR	HEARING PROTECTORS			
				Yes	No	Varies	How Long
Hunting Weapon							
Skeet Shooting							
Rifle							
Pistol							

Additional comments regarding employee's other (non-work) noise exposure and firearm activity:



SECTION 5:

HEALTH & OTOLOGIC HISTORY

<i>Do you have or have you had any of the following? Check "Yes" or "No"</i>	YES	NO
High Blood Pressure		
Diabetes		
History of Sinus Infection		
Family Members With Hearing Loss		
Meniere's Disease		
Frequent or Severe Viral Infections		
High Cholesterol		
History of Ear Problems Requiring Medical Treatment		
History of Earaches		
History of Dizziness		
Ringing in Ears		
Discharge / Drainage from Ears		
Ear Surgery		
Hearing Aid(s)		

<i>In the past two years, have you taken any of the following prescription medications? Check "Yes" or "No"</i>	YES	NO
Streptomycin		
Neomycin		
Kanamycin		
Quinine		
Diuretics (water pills)		
Blood Pressure Medications		
High Doses of Aspirin		

Additional comments regarding hearing test results or health history:

Employee Signature: _____

Interviewer Signature: _____

Date of Interview (mm/dd/yy): _____