



OCCUPATIONAL MEDICINE: AUDIOLOGY QUESTIONNAIRE

(Patient to complete all shaded areas)

Name

Date

Date of Birth

Type of Audiogram

Baseline

Annual/Periodic

Retest/Follow-up

Yes No

Have you ever had your hearing tested?

Exposed to loud noises in the last 14 hours?
If yes, was hearing protection used?

Do you have difficulty hearing?

Are you aware of any hearing loss?

Right Left

Do you use a hearing aid?

Right Left

Do you have ringing in your ears and/or dizziness?

Right Left

Currently have an ear, sinus, or respiratory infection?

Do family members have hearing loss before age 50?

Have you ever had and/or currently have:

- Mumps, Measles, or Meningitis
- Seasonal Allergies and/or Sinus Problems
- Scarlet Fever/High Fever as an Infant/Child
- High Blood Pressure
- Frequent ear infections, aches, and/or pain
- Head/Ear injury and/or surgery

If yes, please explain

Have you ever taken the following medications?

- Kanamycin, Neomycin, Streptomycin,
Gentamycin or Amikacin
- Furosemide, Ethacrynic acid or Bumetanide
- Cisplatin, Quinine or Salicylates (Aspirin)

Are you exposed to noise at home?

Firearms Loud Music Power Tools & Engines Noisy Hobby

If yes, do you where hearing protection?

Ear Plugs Ear Muffs Combination of Protection

Have you served in the military?

Employee Signature

Reviewing Medical Provider Signature

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