Your Hospital's Logo Here

NOISE EXPOSURE
OCCUPATIONAL SURVEILLANCE

Please complete this confidential questionnaire by placing a check mark in the appropriate spaces or by printing other information when required . (Use black or blue ink).

IDENTIFICATION

TODAY'S DATE:	LAST NAME:	FIRST (No nicknames)	MIDDLE
SEX: ☐ MALE ☐ FEMALE	SOCIAL SECURITY NO: - -		BIRTHDATE: - -
AGENCY / DEPT:	BLDG / ROOM		BUSINESS PHONE:
JOB TITLE:	SUPERVISOR		SUPERVISOR'S PHONE:
YOUR MAILING ADDRESS:	CITY / STATE	ZIP	HOME PHONE:

MEDICATIONS

List **ALL** medications (including prescription, vitamins, and herbal preparations) you currently take:

HOSPITALIZATIONS & SURGERIES

List **ALL** hospitalizations, surgeries, and the years they occurred:

LEISURE ACTIVITIES

(1) In which of the following hobbies / activities do you participate?

☐ Auto / Boat Repair ☐ Ceramics / Pottery ☐ Guns / Hunting ☐ Other (Specify) ____________

☐ Power Tool Usage ☐ Refinishing

(2) Do you use safety equipment when you engage in this activity? ☐ YES ☐ NO

PAST MEDICAL HISTORY: Check any of the following conditions that you have now or have ever had:

DECREASED HEARING	☐ YES	☐ NO	RINGING / BUZZING	☐ YES	☐ NO
HEARING LOSS	☐ YES	☐ NO	RUPTURED EAR DRUM	☐ YES	☐ NO
OTHER EAR INJURY	☐ YES	☐ NO	OTHER (Explain):		

HEARING QUESTIONNAIRE

Have you had prior military service?	☐ YES	☐ NO	Have you had noise exposure within the last 14 hours?	☐ YES	☐ NO
Have you had previous ear surgery?	☐ YES	☐ NO	Do you wear hearing protection?	☐ YES	☐ NO
Have you had recurrent ear infections?	☐ YES	☐ NO	If "YES", what type?	☐ Foam ☐ Pre-Molds / Plugs	☐ Ear Muffins
Do you have a known hearing loss?	☐ YES	☐ NO			

ASSESSMENT / RECOMMENDATIONS:

	Comments	No Referral	Referred: Routine	Referred: Urgent
(1) ____________	____________	☐	☐	☐
	____________	☐	☐	☐
(2) ____________	____________	☐	☐	☐
	____________	☐	☐	☐

(3) EMPLOYEE ADVISED TO USE HEARING PROTECTION: ☐ YES ☐ NO

EXAMINER'S SIGNATURE:	EXAMINER'S PRINTED NAME:	DATE:

EMPLOYEE'S SIGNATURE:	DATE:

APPLICABLE JOB TITLES

SEWER SERVICES

- Office Assistant, Product Control

WATER SERVICES

- Office Personnel