UNIVERSITY OF CALGARY

Audiometric Testing Questionnaire

Send completed form to confidential fax # 403-210-9400

Staff Wellness

PERSONAL AND CONTACT INFORMATION			
Name:		Sex: ☐ M ☐ F	DOB (mm/dd/yy):
Employee ID#:	Email:		Phone #:
Job Title:	Worksite Location:	Department:	
Supervisor:	Email:		Phone #:

PART A: EMPLOYEE TO COMPLETE

Indicate if you have ever had any of the following:

Ear pain: ☐ Left ☐ Right
Use of Hearing Aid: ☐ Left ☐ Right
Sudden Hearing Loss: ☐ Left ☐ Right
Feel Fullness in Ear: ☐ Left ☐ Right
Ear Surgery: ☐ Left ☐ Right
Draining Ear: ☐ Left ☐ Right
Hearing Protector Problem: ☐ Left ☐ Right
Known Excessive Wax: ☐ Left ☐ Right
Ear infection: ☐ Left ☐ Right
Ringing in Ears: ☐ Mild ☐ Moderate ☐ Severe
Seen Doctor for Ear Problem: ☐ Left ☐ Right
Fluctuating Hearing Loss: ☐ Left ☐ Right
☐ Head Injury/unconsciousness

Have you had:
☐ Mumps ☐ Meningitis ☐ Kidney Disease
☐ Measles ☐ Diabetes ☐ Scarlet Fever

Were you exposed to noise in the past 14 hours?
☐ No ☐ Yes - was protection worn? ☐ Yes ☐ No

Are you experiencing any of the following today?
☐ Allergies ☐ Head Cold ☐ Flu

Have you had a hearing test before? ☐ Yes ☐ No
If yes, when?

Additional Questions (please check all that apply)

☐ Experienced dizziness
Explain:

☐ Use prescription medications
Please list:

☐ Family history of hearing loss
Explain:

☐ Served in the military
Years/Guns?:

☐ Exposed to noise when off the job (loud music, vehicles/equipment/tools (e.g. motorcycle, snowmobile, chainsaw))
Kind/how often:

☐ Use guns: Trigger hand: ☐ Left ☐ Right
Kind/how often:

☐ Work with chemicals
Kind/how often:

☐ Hearing protection worn in noisy environment
Kind/how often:

☐ Changes in hearing
Explain:

Smoking history: ☐ Never ☐ Quit ☐ Current
Comment:

Employee signature of accuracy of completion: X	Testing Date:

PART B: EXAMINER TO COMPLETE

Otoscopic Results
Left Ear: ☐ Normal ☐ Abnormal ☐ Excess Wax ☐ Blockage ☐ Perforation
Right Ear: ☐ Normal ☐ Abnormal ☐ Excess Wax ☐ Blockage ☐ Perforation

Comments:
☐ Results discussed with examinee
☐ Examinee counseled on hearing conservation

Examiner Name:	Signature: X	Exam Date: