

Name :

DOB :

WORKSITE+WELLNESS

OCCUPATIONAL HEALTH SERVICES, LLC

Audiogram

Reason for Testing:

____ Pre-employment
____ Annual
____ Repeat due to abnormal audiogram (Date of previous audiogram _____)
____ End of employment

PLEASE ANSWER THE FOLLOWING QUESTIONS

Y

N

1. Do you wear hearing aids?
(If yes, please check: ____ Right Ear ____ Left ear ____ Both)

2. Have you ever had an abnormal audiogram?
(If yes, please explain. _____)

3. Are you currently experiencing any hearing issues?
(If yes, please explain. _____)

4. Have you been exposed to loud noises in the last 8 hours?
(If yes, please explain. _____)

5. Do you wear hearing protection when in noisy environments?
(If yes, please check: ____ Soft ear plugs ____ Custom ear plugs ____ Headphones)

Audiometer Model: SmartTone Calibration Date: 01/24/2024 Staff Conducting Audiogram: _____

	500 Hz	1K Hz	2K Hz	3K Hz	4K Hz	6K Hz	8K Hz
LEFT							
RIGHT							

Provider Comments:

Interpretation:

____ Normal

____ Abnormal

LEFT EAR: ____ Mild Loss ____ Moderate Loss ____ Profound Loss

RIGHT EAR: ____ Mild Loss ____ Moderate Loss ____ Profound Loss

____ Repeat audiogram in _____ days/months due to _____

____ Other: _____

Medical Provider: Robin Horaz, FNP-BC

Date:

W+W/Audiogram 1