

Southern Nevada Occupational Health Center
 4060 N Martin Luther King Blvd suite 101A-B
 North Las Vegas, NV 89032
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Audiometric Testing Form

PATIENT NAME: _____

DATE OF BIRTH: _____

EMPLOYER: _____

To be completed by patient:

MEDICAL HISTORY: (Antecedentes Medicos):

HAVE YOU EVER HAD: (Ha tiendo alguna vez):

PLEASE CIRCLE ONE – YES or NO.

Allergies/(Alergias)	YES	NO
Arthritis/(Artritis)	YES	NO
Diabetes/(Diabetes)	YES	NO
Diagnosed hearing loss/(Se la ha diagnosticado la perdida de oir)	YES	NO
Dizziness/(Mareos)	YES	NO
Drainage from ear/(Secreciones en los oidos)	YES	NO
Ear Infection/(Perforacion del timpanio)	YES	NO
Hearing loss in family(Before the age of 50)/ (Oerdida del oido en alguna miembro de su familia de lost 50 anos de edad)	YES	NO
High Blood Pressure/(Alta Presion)	YES	NO
High Fever/(Fibres Altas)	YES	NO
Measles/(Measles)	YES	NO
Meningitis/(Meningitis)	YES	NO
Mumps/(Paperas)	YES	NO
Recent sinus problems/cold /(Problemas revientes con su nariz)	YES	NO
Ringing in the ears/(Campaneo en los oidos)	YES	NO
Severe head injury/(golpe severo en la cabeza)	YES	NO
Wearing a hearing aid/(Usa dispositivo auditivo)	YES	NO

NON-OCCUPATIONAL HISTORY:

Have you ever been exposed to/(Ha estado alguna vez expuesto a):

Loud Music/(Musica muy alta)	YES	NO
Power tools/(Herramientas de alta potencia)	YES	NO
Gun Fire/(Disparos de armas)	YES	NO
Military Service/(Servicio Militar)	YES	NO

OCCUPATIONAL HISTORY/(ANTECEDNETES LABORALES):

Use hearing protection/(Ha usado alguna vez proteccion par oidos)	YES	NO
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PLUGS/(Tapones): _____

MUFFS/(Orejeras): _____

Exposed to noise within the last 12 hours/(Ha estado expuesto al ruido Durante las ultimas 12 horas?)	YES	NO
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EMPLOYEE SIGNATURE/(Firma de empleado) : _____

EMPLOYEE PRINT NAME: _____

DATE: _____

To be completed by technician:

Audiometer make: BENSON CCA-100 mini

Technician signature: _____

EMPLOYEE NAME: _____

To be completed by physician:

OTOSCOPIC EVALUATION: (If conducted)

LEFT:

Ear Canal clear	YES	NO
Ear Drum visible	YES	NO
Scarring of the ear drum	YES	NO
Drainage from ear	YES	NO

RIGHT:

Ear Canal clear	YES	NO
Ear Drum Visible	YES	NO
Scarring of the ear drum	YES	NO
Drainage from ear	YES	NO

RESULTS:

Baseline - YES _____ NO _____

Audiogram is acceptable

Evidence of hearing loss in the speech range/high frequency on the _____ Left and/or _____ right

Standard threshold shift noted

Ear protection necessary at 85db (Employee informed).

Employee advised to follow up with his/her physician.

Repeat audiogram within 30 days

COMMENTS:

Amir A. Nicknam, MPH, MD

Date