

HEARING CONSERVATION DATA											1. ZIP CODE/APO/FPO/PAS		
<i>(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)</i>													
2. DOD COMPONENT A - ARMY F - AIR FORCE 1 - OTHER DOD N - NAVY M - MARINE CORPS ACTIVITY						3. SERVICE COMPONENT R - REGULAR G - NATIONAL GUARD V - RESERVE 1 - OTHER							
4. SOCIAL SECURITY NUMBER				5. NAME (Last, First, Middle Initial)						6. DATE OF BIRTH (YYYYMMDD)			7. SEX M - MALE F - FEMALE
8. PAY GRADE, UNIFORMED SERVICES		9. PAY GRADE, CIVILIAN		10. SERVICE DUTY OCCUPATION CODE			11. MAILING ADDRESS OF ASSIGNMENT						
12. LOCATION - PLACE OF WORK						13. MAJOR COMMAND			14. DUTY TELEPHONE (Include area code)				
15. AUDIOMETRY		a. PURPOSE 1 - 90 DAY 2 - ANNUAL 3 - TERMINATION 4 - OTHER											
AUDIOMETRIC DATA RE: ANSI S3.6 - 1989		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
b. CURRENT AUDIOGRAM DATE (YYYYMMDD)													
c. REFERENCE AUDIOGRAM DATE (YYYYMMDD)													
d. SIGNIFICANT THRESHOLD SHIFT (STS) 1 - NO 2 - YES		e. THRESHOLD SHIFT →											
f. REMARKS (Include exposure data)													
g. TYPE OF PERSONAL HEARING PROTECTION USED 1 - SINGLE FLANGE (VS1R) 2 - TRIPLE FLANGE 3 - HAND FORMED EARPLUGS 4 - EAR CANAL CAPS 5 - NOISE MUFFS 6 - OTHER													
h. EXAMINER NAME (Last, First, Middle Initial)						i. TRAINING CERTIFICATE NO.		j. SERVICE DUTY OCCUPATION CODE			k. OFFICE SYMBOL		
l. AUDIOMETER TYPE 1 - MANUAL 2 - SELF-RECORDING (Automatic) 3 - MICROPROCESSOR		m. MODEL		n. MANUFACTURER			o. SERIAL NUMBER			p. LAST ELECTROACOUSTIC CALIBRATION DATE (YYYYMMDD)			
16. FOLLOWUP NO. 1		a. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM (See item 15.b.)											
AUDIOMETRIC DATA RE: ANSI S3.6 - 1989		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
b. CURRENT AUDIOGRAM DATE (YYYYMMDD)													
c. REFERENCE AUDIOGRAM DATE (YYYYMMDD)													
d. SIGNIFICANT THRESHOLD SHIFT (STS) 1 - NO 2 - YES		e. THRESHOLD SHIFT →											
f. EXAMINER NAME (Last, First, Middle Initial)						g. TRAINING CERTIFICATE NO.		h. SERVICE DUTY OCCUPATION CODE			i. OFFICE SYMBOL		
j. AUDIOMETER TYPE 1 - MANUAL 2 - SELF-RECORDING (Automatic) 3 - MICROPROCESSOR		k. MODEL		l. MANUFACTURER			m. SERIAL NUMBER			n. LAST ELECTROACOUSTIC CALIBRATION DATE (YYYYMMDD)			
17. FOLLOWUP NO. 2		a. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM (See item 15.b.)											
AUDIOMETRIC DATA RE: ANSI S3.6 - 1989		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
b. CURRENT AUDIOGRAM DATE (YYYYMMDD)													
c. REFERENCE AUDIOGRAM DATE (YYYYMMDD)													
d. SIGNIFICANT THRESHOLD SHIFT (STS) 1 - NO 2 - YES		e. THRESHOLD SHIFT →											
f. EXAMINER NAME (Last, First, Middle Initial)						g. TRAINING CERTIFICATE NO.		h. SERVICE DUTY OCCUPATION CODE			i. OFFICE SYMBOL		
j. AUDIOMETER TYPE 1 - MANUAL 2 - SELF-RECORDING (Automatic) 3 - MICROPROCESSOR		k. MODEL		l. MANUFACTURER			m. SERIAL NUMBER			n. LAST ELECTROACOUSTIC CALIBRATION DATE (YYYYMMDD)			

INSTRUCTIONS

(Refer to DoD Component Instructions for additional guidance)

PURPOSE: This form is used to record the results of periodic and followup audiometry for individuals routinely exposed to hazardous noise. Before this form is used, a DD Form 2215, "Reference Audiogram," must already be filed in the individual's health record.

- 1. ZIP CODE/APO/FPO/PAS.** Enter nine digit ZIP Code/APO/FPO/ PAS of where audiometric test is conducted.
- 2. DOD COMPONENT.** Enter letter in box of major organizational subdivision of DoD to which military or civilian individual is assigned. Enter "1" if DoD component is not listed.
- 3. SERVICE COMPONENT.** Enter letter in box corresponding to primary subdivision of separate military service in which military is assigned (e.g., Regular (R) - standing military component of armed forces in peace and war; Reserve (V) - component of ready trained personnel for military service when needed, etc.; National Guard (G) - component of National Guard personnel in full-time or part-time status). Enter "1" for all others not listed.
- 4. SOCIAL SECURITY NUMBER.** Enter nine digit social security number. If foreign national, enter "FN" in middle two blocks.
- 5. NAME.** Enter surname, given name and middle initial of individual being tested.
- 6. DATE OF BIRTH.** Enter year, month, day.
- 7. SEX.** Enter "M" if male, "F" if female.
- 8. PAY GRADE, UNIFORMED SERVICES.** For military personnel only, enter military personnel class and pay level serial number as follows:
 - O11 - General of the Army/General of the Air Force/Fleet Admiral
 - O10 - General/Admiral
 - O09 - Lieutenant General/Vice Admiral
 - O08 - Major General/Rear Admiral (Upper Half)
 - O07 - Brigadier General/Rear Admiral (Lower Half)/Commodore
 - O06 - Colonel (A,F,M)/Captain (N)
 - O05 - Lieutenant Colonel/Commander
 - O04 - Major/Lieutenant Commander
 - O03 - Captain (A,F,M)/Lieutenant (N)
 - O02 - First Lieutenant/Lieutenant Junior Grade
 - O01 - Second Lieutenant/Ensign
 - W05 - Chief Warrant Officer, W-5
 - W04 - Chief Warrant Officer, W-4
 - W03 - Chief Warrant Officer, W-3
 - W02 - Chief Warrant Officer, W-2
 - W01 - Warrant Officer, W-1
 - C00 - Cadet/Midshipman
 - E09 - Sergeant Major/Chief Master Sergeant/Master Chief Petty Officer
 - E08 - Master Sergeant (A,M)/Senior Chief Petty Officer/Senior Master Sergeant/First Sergeant(A)
 - E07 - Sergeant First Class/Gunnery Sergeant/Chief Petty Officer/Master Sergeant (F)/Platoon Sergeant (A)/Specialist-7
 - E06 - Staff Sergeant/Technical Sergeant/Petty Officer First Class/Specialist-6
 - E05 - Sergeant (A,M)/Staff Sergeant/Petty Officer Second Class/Specialist-5
 - E04 - Corporal/Sergeant (F)/Petty Officer Third Class/Specialist-4
 - E03 - Private First Class (A)/Airman First Class/Lance Corporal/Seaman
 - E02 - Private (PV1)/Airman/Private First Class (M)/Seaman Apprentice
 - E01 - Private (PV2)/Private (M)/Airman Basic/Seaman Recruit
- 9. GRADE, CIVILIAN.** Enter two letters and two numbers of Federal civilian employee rank (e.g., WG05, GS11, etc). Letter entries will be WG, WL, WS, WN, WD or GS. Number entries will be 01 to 18. Enter "1111" if other (e.g., foreign national, contractor, etc.).
- 10. SERVICE DUTY OCCUPATION CODE.** Enter code to which military member's duty occupation is assigned (e.g., MOS, SSI, NEC/Rating, NOBC or AFSC in which individual is actually working). Enter number code of civilian job series in which civilian member is actually working (e.g., for a carpenter enter "4607").
- 11. MAILING ADDRESS OF ASSIGNMENT.** Enter installation name (and street address for Navy and Marines), unit, office symbol, and ZIP Code/APO/ FPO/PAS of individual's current duty assignment.
- 12. LOCATION - PLACE OF WORK.** Enter specific location where individual is routinely exposed to hazardous noise including building number (e.g., Corpus Christi, NAS, Building 1571, Carpenter Shop). For Air Force personnel, enter 12-digit Workplace Identifier Code per AFOSH Std. 161-17.
- 13. MAJOR COMMAND.** Enter authorized abbreviation of military major command to which individual is assigned.
- 14. DUTY TELEPHONE.** Enter individual's duty telephone number.
- 15. AUDIOMETRY.**
 - a. Purpose.** Enter number in box for reason to complete audiogram. "1" - First periodic test given 90 days after beginning duties in noise- hazardous area or operation; "2" - Periodic test given at yearly intervals; "3" - Last test given, regardless of noise exposure history, before termination of active duty or employment; "4" - Test at interval for reason not listed above.
 - b. Current Audiogram Date.** Enter year, month, day (e.g., if January 31, 2000, enter 20000131) that audiometric test is given and current threshold levels determined for this individual at six frequencies in each ear. Results are entered in 5 dB increments (e.g., 0, 5, 10, 15, etc.). If responses exceed maximum limits of audiometer, enter that limit with plus sign (e.g., 110+).

15.c. Reference Audiogram Date. Enter year, month, and day reference test results were obtained. See DD Form 2215, "Reference Audiogram," or other appropriate source. Enter threshold levels in 5 dB increments from reference audiogram.

d. Significant Threshold Shift (STS). Enter "1" if no STS is present; enter "2" if STS is present.

STS - NO: See DoD component specific manuals for detailed guidance.

STS-YES: Outlines procedures required when a significant threshold shift present: "Notify Supervisor" - Notify individual's supervisor that significant threshold shift has been found and followup audiogram must be done. "Followup No. 1 After Minimum 14 Hours Noise Free" - Schedule individual for first followup audiogram. They must be instructed to stay in a noise free environment (not to exceed 75 dBA or 120 dBP) for at least 14 hours prior to test. They must be told to avoid environments in which noise levels make it necessary to use raised voice to talk at 1 meter (3 feet) distance. If examinee has obvious ear problem (e.g., earache, draining ear, excessive cerumen buildup), he/she should be examined by physician and followup postponed until after any necessary treatment.

e. Threshold Shift. Enter difference between current and most recent reference audiogram for 1000, 2000, 3000 and 4000 Hz. Refer to DoD component manuals for established criteria. Enter "+" to indicate positive shift (poorer hearing) or "-" to indicate negative shift (better hearing) on current audiogram.

f. Remarks. Print any information considered pertinent. Include the individual's 8-hour TWA noise exposure, when available.

g. Type of Personal Hearing Protection Used. Enter number for type of hearing protection that is routinely used by individual.

h. Examiner Name. Enter surname, given name and middle initial of individual operating audiometer.

i. Training Certificate Number. Enter audiometric technician training certificate number.

j. Service Duty Occupation Code. Enter examiner's service duty occupation code (see Item 10).

k. Office Symbol. Enter complete office symbol where examiner is performing the test.

l. Audiometer Type. Enter number for type of audiometer used (e.g., "1" for manual type, etc.).

m. Model. Enter manufacturer's designation of audiometer.

n. Manufacturer. Enter name of company that produced audiometer.

o. Serial Number. Enter manufacturer's serial number of audiometer.

p. Last Electroacoustic Calibration Date. Enter year, month and day (see Item 15.b.) of last electroacoustic determination of this audiometer's performance specifications.

16. FOLLOWUP NO. 1. If significant threshold shift determined on periodic test, record results of first followup audiogram in this section. Mark (X) box to certify "Minimum 14 Hours Noise Free Since Current Audiogram (see Item 15.b.)".

b., c., and e., "Current Audiogram," "Reference Audiogram," and "Threshold Shift" completed in same format as above. Note: Hearing threshold levels entered in 16.c. are the same values as those used in 15.c.

d. "STS - NO" - If no STS noted, enter "1" in box and follow steps in "STS - NO" section.

"STS - YES" - If STS remains following this examination (Followup No. 1), follow service component instructions (e.g., supervisor is notified for second time, individual is scheduled for Followup No. 2 audiogram, and individual is instructed to stay in a noise free environment (not to exceed 75 dBA or 120 dBP) for a minimum of 14 hours of auditory rest since current audiogram (Item 15.b.)).

e. through m. Enter the required information according to guidelines for entries on periodic audiogram.

17. FOLLOWUP NO. 2. If significant threshold shift determined on Followup No. 1, record results of Followup No. 2 in this section. Mark (X) box to certify "Minimum 14 Hours Noise Free Since Current Audiogram (see Item 15.b.)".

b., c., and e., "Current Audiogram," "Reference Audiogram," and "Threshold Shift" completed in same format as above. Note: Hearing threshold levels entered in 17.c. are the same values as those used in 15.c.

d. "STS - NO" - If no STS noted, enter "1" in box and follow steps in "STS - NO" section.

"STS - YES" - If STS remains following this examination (Followup No. 2), enter "2" in box. Refer to DoD component instructions for appropriate patient disposition.

e. through m. Enter the required information according to guidelines for entries on periodic audiogram.

See specific DoD component manuals regarding followup procedures required in addition to those listed above. For example, if the annual test indicates a "negative" threshold shift and is confirmed on the first followup, the reference audiogram may be reestablished at this time without any further followup testing for DA personnel.