

**FISH AND WILDLIFE SERVICE
AUDIOMETRIC REPORT**

Station: _____ Address: _____

EMPLOYEES NAME	DOB	JOB SERIES

Date: _____ Baseline () Annual () Retest () Date of last test: _____

CURRENT NOISE EXPOSURE

Does noise bother you? _____ If yes, how? _____
 How many hours per day (on average) do you work in noise loud enough to require hearing protection? _____ Do you wear hearing protection when required? _____
 Type: Muff _____ Plugs _____ Both _____
 Hobbies?: Hunting _____ Shooting _____ Flying _____ Farming/Gardening _____
 Riding Motorcycles _____ Racing Cars _____ Working with power tools _____
 Snowmobiles _____ Cutting wood with a chain saw _____ Playing or listening to loud music _____
 Use stereo headphones _____ Other _____
 Time in hours since most recent loud noise exposure _____ Did you wear hearing protection? _____

PREVIOUS NOISE EXPOSURE

Were you in the military? _____ If yes, were you exposed to loud noises? _____
 Were you in combat? _____ Did you wear hearing protection? _____
 List past jobs that involved working around loud noise. _____
 When? _____

MEDICAL HISTORY

Have you ever:
 Been knocked unconscious _____ Had drainage of fluid from you ears? _____
 Had ear aches? _____ Had head noise? _____ Have allergies or sinus problems? _____
 Had ear surgery? _____ Had a cold in last two weeks? _____ Had dizziness? _____
 Does anyone in your family have a hearing loss? _____ When? _____

Employee's signature: _____

Equipment: _____ Model No. _____ Serial No. _____
 Calibrated ANSI 1989 (date): _____ Background level check: _____

Date	Right Ear							Left Ear						
	5	1	2	3	4	6	8	5	1	2	3	4	6	8
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Test														
Baseline														
Threshold Shift														

Comments/recommendations: _____

Examiner: _____ Title: _____

PRIVACY ACT INFORMATION

The collection and use of this information are consistent with the provisions of 5 U.S.C. 552a (Privacy Act of 1974). This information is sensitive and protected by the Privacy Act. It is only available to staff on a need to know basis. Electronic material must be password protected and must not be used except in accordance with routine uses identified in OPM/GOVT-10, Employee Medical File System Records. Paper records must be similarly used and protected in a locked file or room that is available only to staff who have a need to know this information and in accordance with OPM/TGOVT-10.