OpusHealth

AUDIOMETRY QUESTIONNAIRE

Please complete and bring this questionnaire with you to your appointment.

It will help you if you give as much information in your answers as possible. Please do this by writing on the back of this form if necessary.

Surname:

Company:

First Name:

Position:

Contact Telephone:

Date of Birth:

Address:

What does your job involve?

If you answer YES to any questions please explain with more details overleaf		**Dates & further information**
Do you have or have you had any problem(s) with your hearing?	☐ Yes ☐ No	
Do you ever have trouble understanding a normal conversation?	☐ Yes ☐ No	
Have you ever had ringing in the ear (Tinnitus), face numbness or dizziness?	☐ Yes ☐ No	
Have you ever had frequent ear aches, ear infections or discharge from the ear?	☐ Yes ☐ No	
Have you had Menieres Disease?	☐ Yes ☐ No	
Have you ever had a ruptured eardrum?	☐ Yes ☐ No	
Have you had or had recommended to you ear, nose or throat surgery?	☐ Yes ☐ No	
Do you have Congenital Deafness?	☐ Yes ☐ No	
Have you ever had excessive ear wax?	☐ Yes ☐ No	
Have any of your immediate blood relatives had hearing loss before the age of 50?	☐ Yes ☐ No	
Do you/have you ever regularly participated in an activity using firearms e.g. Army/TA, power tools, airplanes, farm machinery or similar noisy environs?	☐ Yes ☐ No	
Have you ever had concussion, head or ear injury?	☐ Yes ☐ No	
Have you ever had exposure to explosion or blast?	☐ Yes ☐ No	
Have you ever had past experience in a noisy environment including military service?	☐ Yes ☐ No	
Do you currently work in a noisy area requiring hearing protection? If so what noise	☐ Yes ☐ No	

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		Dates & further information
Do you work regularly in areas where you have to shout to make yourself heard?	☐ Yes ☐ No	
If so what makes the noise?		
Will you have been exposed to loud noise without hearing protection within the past 16hrs before your hearing test?	☐ Yes ☐ No	
Have you had a cold, flu or sinus condition in the past 3 days?	☐ Yes ☐ No	
Have you ever used a Hearing Aid?	☐ Yes ☐ No	
Do you suffer with high blood pressure?	☐ Yes ☐ No	
Are you taking any medication? If yes what?	☐ Yes ☐ No	

Any additional information (do you have any noisy hobbies – loud music, car maintenance, motorbikes, DIY etc?)

Hearing Protection

Do you currently wear hearing protection?	☐ Yes ☐ No	
Plugs or Muffs	☐ Yes ☐ No	
Are they Custom made?	☐ Yes ☐ No	
Are they comfortable?	☐ Yes ☐ No	

Employee Declaration
I declare that the information given in this document is true and complete to the best of my knowledge, and that I understand that failure to disclose information may affect my employment.
I consent to undertaking Breathing Apparatus Medical and the results being submitted and discussed with my company management, with a report being sent by the Occupational Health provider to my GP if necessary.

Signature: **Date:**

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OFFICE USE ONLY Technician Notes:

TEST DATE:

		L	R
Otoscopic Examination	Normal		
Blockage (full)			
Obstruction (Partial)			
Perforation			
Fluid			
Disease			

HEALTH SURVEILLANCE PROGRAMME

	TICK
Pre-employment / Baseline	
Routine/Periodic	
Required re-test	
HSE Category: 1 2 3 4	
Interval before next Audiometric test:	

Referred to GP: Yes / No

Date of Letter:

Notification of Hearing Result sent to Employee? Yes / No

Date Sent:

Audiometry Technician - Name:

Signature:

Date: