

# Hearing Test Intake Form

The information provided on this form, and the results of the screening, will not be shared with your employer

First name	Middle name	Last name	Date of birth
Phone number		Email	
Mailing Address			
Company	Position	Years in position	Years in occupation

Date: \_\_\_\_\_

Please check the appropriate box		
Current Test		
1) Hearing protection used regularly when exposed to loud noises?	Y	N
2) Exposed to noise in the last 14 hours?	Y	N
3) Recent cold or sinus, within the last 14 days?	Y	N
4) Seen a physician recently for ears or hearing, within the last 6 months?	Y	N
Hearing History		
1) Are you aware of any hearing loss?	Y	N
2) Do you wear hearing protection off the job?	Y	N
3) Have you had dizziness or balance problems?	Y	N
4) Do you have ringing or roaring in your ears?	Y	N
5) Have you had exposure to firearms?	Y	N
6) Do you take prescription drugs?	Y	N
7) Have you been in military service?	Y	N
8) Have you ever had your hearing tested?	Y	N
9) Have you ever worked in noise?	Y	N
10) Do you have excessive earwax?	Y	N
11) Do you have earaches or ear drainage?	Y	N
12) Do you have noisy hobbies?	Y	N
13) Have you had a severe head injury?	Y	N

Continued on reverse...

Please list work and non-work related sources of noise that you are regularly exposed to:

Source	How often?			Do you use hearing protection?		
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____
	Daily ____	Weekly ____	Monthly ____	N ____	Y ____	-Type ____

For technician use only

Test date: \_\_\_\_\_

Technician name: \_\_\_\_\_

Please check all that are confirmed:

- ☐ Employee ear canal has been inspected for earwax and/or obstructions  
☐ Employee has been counselled about the test results and next steps  
☐ Employee has been educated on noise hazards in the workplace  
☐ Employee has been educated on proper inspection, fitting, and use of hearing protection

Hearing results will be sent to supervising audiologist for review and recommendations:

N \_\_\_\_ y \_\_\_\_ Supervising Audiologist: **Hannah McLeod Au.D.: Hear2Understand Audiology Services**

Hearing protection fit test provided? N \_\_\_\_ Y \_\_\_\_

Employee was able to demonstrate proper use and fitting of:

- ☐ Custom molded ear plugs    ☐ Silicone ear plugs    ☐ Banded ear plugs    ☐ Ear muffs  
☐ Disposable ear plugs- Make/model: \_\_\_\_\_

For employee use only

Please check all that are confirmed:

- ☐ I have received training on the effects of noise on hearing  
☐ I have received training on the impact that hearing loss may have on my work and personal life  
☐ I have received training on the proper selection, use, fitting, and care of hearing protection  
☐ I have been informed of the results of my screening and the next steps

Technician Signature

Employee signature

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