

Hearing Protection Fit 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	Signature

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

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 ____

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: _____

Date: _____