T K GROUP INC. HEARING CONSERVATION DIVISION, STEWART SQUARE, SUITE 250, 308 WEST STATE STREET, ROCKFORD, IL 61101 (815) 964-5445

Name _____ SSN#_____ DOB ___/___/___/ Sex _____ Clock # _____ Date Hired _____
M D Y

Company _____ Division _____ Location City _____ State _____ Plant _____

	LEFT EAR								RIGHT EAR							
TEST NO. #	DATE AND TIME	500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000
1															
2															
3															
4															
5															
6															

AUDIOMETRIC TEST INFORMATION			EMPLOYMENT INFORMATION				
SERIAL # MAKE MODEL	AUDIOMETER CALIBRATION DATE	★ TESTER NAME CERT. #/DATE	DEPT.	*JOB CLASS	SHIFT	NOISE LEVEL	H.P. REQ'D?

INITIAL OTOLOGIC HISTORY
Check YES or NO in all boxes. Explain YES answers in Comments.

UPDATE INSTRUCTIONS
Enter only "Yes" responses. Indicate with ✓ through number entered at top of column to show that all questions were asked. The purpose of the update is to discover new developments or worsening of old complaints. Use phrases such as "do you now have a new complaint of" or "since the last test" to elicit new information.

OTOLOGIC HISTORY

TEST #1 DATE:	NO	YES	#2	#3	#4	#5	#6
Are you currently experiencing?							
1. Noises in ears? (Ringing, Buzzing, Humming)							
2. Dizziness?							
3. Pain in ears?							
4. Fluctuating, sudden rapid hearing loss?							
5. Ear infections?							
In your lifetime:							
6. Have you ever been to an ear specialist?							
7. Was ear surgery recommended or performed?							
8. Have you had a head injury or unconsciousness?							
9. Have you ever had: (circle those that you have had)							
1 Measles 2 Mumps 3 Chicken Pox 4 Scarlet Fever 5 Diptheria							
10. Have you had large doses of antibiotics, quinine or aspirin for treatment of a serious medical condition?							
11. Do you have a family history of hearing loss?							
12. Have you worked at another job that was noisy? (previous employment)							
13. Have you ever been exposed to gunfire? (hunting, trap shooting?)							
How often?							
14. Yrs Military Serv. _____ Branch _____ Job _____							
Presently:							
15. Do you have a noisy hobby? (loud music, motorcycling)							
16. Do you have a hearing aid? Right _____ Left _____							
17. Have you been away from your job noise 14 to 16 hours?							
18. When working in high noise areas, do you wear hearing protection?							

TEST #	QUESTION #	OTOLOGIC & OTOSCOPIC COMMENTS

OTOSCOPIC OBSERVATION:	TEST NUMBER 1	2	3	4	5	6
a. Are ear canals obstructed?						
b. Are perforations present?						
c. Is other present?						

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