Name_							_SSN#	#				DOB	E		/ Sex		Clock #	Date Hired	<u>م</u>		
Company	У 						Di	Division				Loc	Location City	City_			State	Plant			
		LEFT EAR						RIG	RIGHT EAR						AUDION	AUDIOMETRIC TEST INFORMATION	OPMATION		EMPLOYMENT INFORMATION	TINFORM	MOITA
MO.		500 1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000	SERIAL #	AUDIOMETER CALIBRATION DATE	* TESTER NAME CERT. #/DATE	DEPT.	CLASS SHETT	LEAST NO.	MEG-D7
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INTIAL OTOLOGIC HISTORY Check YES or NO in all boxes.Explain YES ans	S OF N	INITIAL OTOLOGIC HISTORY Check YES or NO in all boxes. Explain YES answers		UPDATE INSTRUCTIONS Enter only "Yes" responses.	TRUCTIC	NS es Indic	UPDATE INSTRUCTIONS Enter only "Yes" responses, indicate with \(\sigma\) through number entered at top of column to show that all responses for the understanding the indicate with the understanding the indicate when the indicate with the understanding the indicate when the indicate with the indicate when the indica	through n	umber en	ered at to	p of colur	on to sho	w that all		TEST QUESTION	2	отогомс в отовсори сомментв	IC COMMENTS			
in Comments. OTOLOGIC HISTORY	C H	TORY		information.	phrases	such as "	chrossories were assect, the purpose of the ducties is to decover new developments of worseling of ord omplaints. Use phrases such as "do you now have a new complaint of" or "since the last teet" to elicit new information.	v have a r	duco met	Beint of or	"since th	e last test	no elicit r	ABC.							
TEST #1			DATE:	iù					-	NO YES	/ES #2	#	**	#							
Are you o	urrent	Are you currently experiencing? 1. Noises in ears? (Binging Buzzing Humming)	ncing?	77	Hummi	8															
2. Dizziness?	988?		ŀ								$\frac{1}{1}$		1								
3. Pain in ears?	ears	Ş																			
4. Fluctua	ating,	4. Fluctuating, sudden rapid hearing loss?	apid he	aring k)SS?																
5. Ear infections?		8?									\vdash										
in your lifetime: 6. Have you ever been to an ear specialist?		er been t	2 2 2																		
7. Was e	ar sun	7. Was ear surgery recommended or performed?	mmen	ed or	Эегопт	<u>8</u>				1	+	$\frac{1}{1}$	+			····					
8. Have you had a head injury or unconsciousness?	ou ha	id a head	injury	or unco	nsciou	sness?															
9. Have y	Ne no	9. Have you ever had: (circle those that you have had)	ircle t	ose th	at you ?	have ha	<u>ā</u>										*				
10. Have you had large choose of antihinties or assisting for		1 Measles 2 Mumps 3 Chicken Pox Have you had large closes of additioning	0 3 C	hicken familia	Pox 4	Scarle	4 Scarlet Fever	5 0	Diptheria			1	1	<u> </u>							
treatment of a serious medical condition?	of a se	em suoine	dical c	ondition	بن	-	1	į													
11. Do you have a family history of hearing loss?	u have	e a family	histon	of hea	iring lo	\$8?					\dashv	1								The state of the s	
12. Have you worked at another job that was noisy? (previous employment)	JOAN FIC	ked at ano	ther job	thet wa	s noisy?	(previo	oduue sr	yment)									The second secon				
13. Have you ever been exposed to gunfire? (hunting, trap shooting?)	Ne no	ver been o	sodxe	d to gu	nfire? (hunting), traps	hooting	(3)												-
14 Yrs Military Sary	onen?	Serv		Branch		3				1	+	1	+								
Presently:										1	+		\dashv		TOBCOPIC OBBINATION:		1 2 3 4 5 6	T K O	T K Group Inc.	nc.	
15. Do you have a noisy hobby? (loud music, motorcycling)	u have	a noisy	hobby	? (loud	music,	motorc	ycling)								a. Are ear canala obstructed?	nced?		Hearing Conservation Division	orvati	on Di	vision
16. Do yo	have	Do you have a hearing aid? Right	g aid?	Right_			Left								b. Are perforations present?	s present?		308 West State Street	. State	· Stree	Pt 00
17. Have you been away from your job noise 14 to 16 hours?	000	en away	from y	our job	noise	14 to 1	3 hours		3	1	-	-	-	1	c. is other present?	3		Rockford, IL 61101	d, E	B1101	- (
18. When working in high noise areas, do you wear hearing protection?	₩OK!	ng in high	noise	areas,	90 you	Wear	earing	protecti	97.						to out or property			(815)	(815) 964-5445	5	

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