

MONTGOMERY COUNTY GOVERNMENT
OCCUPATIONAL MEDICAL SECTION
PERIODIC AUDIOMETRIC SCREENING

NAME: _____ SOCIAL SECURITY: _____

POSITION: _____ WORKSITE: _____

In the past year, have you had any of the following?

Dizziness / Balance problems	NO _____ YES _____
Kidney infection / disease	NO _____ YES _____
Serious high fever	NO _____ YES _____
Head injury	NO _____ YES _____
Frequent headaches	NO _____ YES _____
High blood pressure	NO _____ YES _____
Sinus / Hay fever	NO _____ YES _____
Allergies	NO _____ YES _____
Pressure in ears	NO _____ YES _____
Ringing in ears	NO _____ YES _____
Ear injury	NO _____ YES _____
Ear aches	NO _____ YES _____
Ear infections	NO _____ YES _____
Recent drainage	NO _____ YES _____
Hearing loss	NO _____ YES _____
Change in hearing	NO _____ YES _____

In the past year, have you been exposed to the following noise?

Military service	NO _____ YES _____
Firearms / guns	NO _____ YES _____
Chain saws (power tools)	NO _____ YES _____
Snowmobiles	NO _____ YES _____
Lawn equipment	NO _____ YES _____
Loud music	NO _____ YES _____
Motorcycles	NO _____ YES _____
Other	NO _____ YES _____

Do you take aspirin regularly?	NO _____ YES _____	
Did you have loud noise exposure within the past 24 hours?	NO _____ YES _____	
Do you have a cold today?	NO _____ YES _____	
Does your worksite have hearing protection for you?	NO _____ YES _____	
Do you wear your hearing protection?	HOME WORK	NO _____ YES _____
		NO _____ YES _____

List all medications taken regularly: _____

I understand that the purpose of this hearing test is to screen for significant changes in my hearing. I understand that I will receive a copy of my audiogram today and may ask questions regarding the results. I understand that my audiogram will be maintained for at least 30 years.

EMPLOYEE'S SIGNATURE

DATE