MEDCARE OCCUPATIONAL HEALTH

31047 State Highway 100 · Los Fresnos, TX 78566
+1 956-233-2103 · medcareocc@gmail.com

PATIENT ID / RECORD # _____

Audiometry Questionnaire

FORM MC-111

PATIENT complete sections 1 through 6 and sign at the end of section 6. **TECHNICIAN** complete section 7 on the last page.

SECTION 1 · PATIENT INFORMATION

LAST NAME | FIRST NAME | MIDDLE NAME

EMPLOYEE NO OR SSN (LAST FOUR) | DATE OF BIRTH | NOISE EXPOSURE (DBA) | JOB TITLE

DATE OF TEST | TIME OF TEST | WORK LOCATION | DEPARTMENT | SHIFT LENGTH (HOURS)

SECTION 2 · PATIENT HISTORY

CONDITION	YES / NO	CONDITION	YES / NO
Cancer	☐ YES ☐ NO	High blood pressure	☐ YES ☐ NO
Chicken pox	☐ YES ☐ NO	Kidney disease	☐ YES ☐ NO
Chronic ear infections	☐ YES ☐ NO	Measles	☐ YES ☐ NO
Diabetes	☐ YES ☐ NO	Meningitis	☐ YES ☐ NO
Diphtheria	☐ YES ☐ NO	Scarlet fever	☐ YES ☐ NO
Ear drainage	☐ YES ☐ NO	Severe ringing in ears	☐ YES ☐ NO

SECTION 3 · CURRENT EAR STATUS

How your ears feel today, at the time of this test.

QUESTION	YES / NO / NOT SURE	IF YES, WHICH EAR?
Do you currently have ear discharge (liquid coming from your ear)?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Do you currently have congestion (cold, flu, sinus)?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Do you currently have ringing in your ears?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Do you currently have ear pain, discomfort, or a feeling of fullness?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Do you currently have an ear infection, or have you had multiple ear infections as an adult?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Do you think your hearing has changed significantly since your last hearing test?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both

SECTION 4 · HEARING HISTORY

Anything you have experienced in the past, at any point in your life.

QUESTION	YES / NO / NOT SURE	IF YES, WHICH EAR?
Have you ever been diagnosed with hearing loss, or do you have any known past hearing loss?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you ever seen a doctor or other medical professional for ear or hearing problems?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Has ear surgery ever been recommended or performed?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you ever worn hearing aids?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Do you currently have ear implants (cochlear implant, middle ear implant)?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you ever had a burst or perforated eardrum as an adult?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you ever had earwax removed by a professional?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you been diagnosed with a physical ear abnormality (for example, no ear canal)?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you ever had a head injury or loss of consciousness?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you ever experienced frequent or severe dizziness?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Have you had heavy use of “mycin” antibiotics, quinine, or aspirin?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both
Any family history of hearing loss before age 50?	☐ Y ☐ N ☐ Not sure	☐ Left ☐ Right ☐ Both

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FIRST NAME	LAST NAME	DATE OF BIRTH	TODAY'S DATE

SECTION 5 · NOISE EXPOSURE & HEARING PROTECTION

WHEN WERE YOU LAST EXPOSED TO LOUD NOISE? ☐ Less than 1 hour ago ☐ 1 to 14 hours ago ☐ More than 14 hours ago

WERE YOU WEARING ADEQUATE HEARING PROTECTION DURING THAT EXPOSURE? ☐ Yes ☐ No ☐ Not applicable

WHAT HEARING PROTECTION DO YOU WEAR AT WORK? ☐ Earplugs ☐ Earmuffs ☐ Both ☐ None ☐ Other: _____

Have you ever served in the military?	☐ YES ☐ NO
Do you currently have a second job that is noisy?	☐ YES ☐ NO

NOISY HOBBIES

HOBBY	YES / NO	HOBBY	YES / NO
Car races	☐ YES ☐ NO	Power tools	☐ YES ☐ NO
Firearms	☐ YES ☐ NO	Woodworking	☐ YES ☐ NO
Motorcycling	☐ YES ☐ NO	Playing in a band	☐ YES ☐ NO

IF YOU USE FIREARMS, WHICH HAND PULLS THE TRIGGER? ☐ Left ☐ Right ☐ Not applicable

SECTION 6 · ANYTHING ELSE WE SHOULD KNOW

Note any other information relevant to this hearing test that you wish to share with the reviewing audiologist or physician.

PRINT PATIENT NAME	PATIENT SIGNATURE	DATE

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Audiometry Results

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SECTION 7 · AUDIOMETRY RESULTS

Completed by the examining technician.

LAST NAME | FIRST NAME | MIDDLE NAME

EMPLOYEE NO OR SSN (LAST FOUR) | DATE OF BIRTH | NOISE EXPOSURE (DBA) | JOB TITLE

DATE OF TEST | TIME OF TEST | WORK LOCATION | DEPARTMENT | SHIFT LENGTH (HOURS)

UNABLE TO TEST DUE TO

☐ Wax buildup ☐ Possible infection ☐ Noise exposure within 14 hours ☐ Other: _____

CLINICIAN EVALUATION / NOTES

EAR EXAM (REQUIRED)	LEFT EAR	RIGHT EAR
Eardrum visible	☐ YES ☐ NO	☐ YES ☐ NO
Eardrum normal	☐ YES ☐ NO	☐ YES ☐ NO
Perforation	☐ YES ☐ NO	☐ YES ☐ NO
Other abnormality	☐ YES ☐ NO	☐ YES ☐ NO

AUDIOGRAM RESULTS	500 HZ	1000 HZ	2000 HZ	3000 HZ	4000 HZ	6000 HZ	8000 HZ
Left ear (dB)							
Right ear (dB)							

☐ Results attached Audiometer type: ☐ Microprocessor ☐ Manual Model: _____ Serial: _____

The technician named below has demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining and checking the calibration of the audiometer used for this test, as required by 29 CFR 1910.95(g)(3).

PRINT EXAMINER / TECHNICIAN NAME | EXAMINER / TECHNICIAN SIGNATURE | DATE