



The Occupational Health Program of Allina

AUDIOMETRIC RECORD

CLINIC SITE: Allina Medical Clinic
Address: 8611 W Pt Douglas Rd
Phone: Cottage Grove, MN 55016

OTOLOGICAL RECORD: Date ____/____/____
Name _____ Department _____
Soc. Sec. # _____ Job _____ Birth Date ____/____/____ Age _____

CURRENT OCCUPATIONAL HISTORY:

PAST OCCUPATIONAL HISTORY:

Have you ever worked around any loud noises? Y N Where? _____
Have you ever had a hearing test before? Y N Where? _____

MILITARY SERVICE: (Branch, Length of Service, Duties) _____

MEDICAL HISTORY:

Have you ever been seen by a Doctor for your ears? Y N If "Yes," explain _____

Have you ever experienced noise or ringing in your ear(s)? Y N

Have you had measles, mumps, scarlet fever or chicken pox? Y N

Has ear surgery been recommended or performed? Y N

Have you noticed a hearing loss? Y N If "Yes," was it: Sudden Rapid Fluctuating

Family deafness _____ Head injury causing unconsciousness _____

Ear infection & infectious diseases _____

Have you taken any medicines which have affected your hearing? (Mycins, Quinine, Exersein, ASA) Y N

Do you fly a plane? Y N Hunt/target practice? Y N How often? _____

Noisy hobbies (snowmobiles, motorcycles, bands, etc.) _____

OTOLOGICAL EXAMINATION:

Drum head _____ Drainage _____ External _____

Other _____

X _____ / /
EXAMINER'S SIGNATURE DATE

PATIENT COMPLETES

CLINIC COMPLETES