



# HealthONE Occupational Medicine/Rehabilitation at North Suburban

9195 Grant Street, Suite 100  
Thornton, CO 80229

## FAX COVER SHEET

Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_AM / PM

To:

Corporate Management Group

Fax: 303-736-7767

Fax: \_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

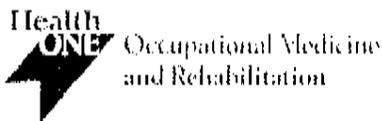
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Re: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

Notes: \_\_\_\_\_  
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# HEARING TEST FORM

## Employee Identification

\*\*\*\*\*

First Name <b>MARIO</b>	Middle Name	Employee ID#
Dept/Code	Job/Code	Work Shift
		Shift Length

OCC HEALTH

DATE: 01/07/16  
TIME: 15:42:51

PATIENT:

**CURRENT AUDIOGRAM**

FREQ.	L/DB	R/DB
1000 HZ	10	10
500 HZ	10	05
1000 HZ	10	10
2000 HZ	10	05
3000 HZ	10	10
4000 HZ	15	05
6000 HZ	15	25
8000 HZ	20	40
AVG 2,3,4	011.7	006.7

TEST ID: 1524517010615380

ELAPSED TIME = 04:26

TEST TYPE = NOT BASELINE  
TEST MODE = PULSED  
M = MANUALLY TESTED FREQ

**TREMETRICS RA500+**

SERIAL NUMBER...12115380  
SOFTWARE REV. 2.19H-0102  
CALIBRATION: 01/06/16  
CAL. ANSI S3.6 1989

PATIENT:

*X.M. Ruiz*

EXAMINER:

*X. Perez*

## QUESTION ANSWERS

LAST NAME:

FIRST NAME:

DOB:

SEX:

JOB TYPE:

LOCATION:

PROTECTION:

EXPOSURE:

\*\*\*\*\*

<b>Audiometric Information</b>	Test Date: <b>1/7/16</b>
	Test Time: <b>03:00</b>

Test Type:  Baseline  Annual/Periodic  Retest  Rehire  Exit

Audiometer Make/Model: <b>Tremetrics RA500</b>	Last Annual Calibration Date: <b>1-6-16</b>
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OSHA sound room requirements met?  Yes  No

Technician: <i>Lance Perez</i>	Technician:
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Testing Company: **HGA**

## Employee Noise Exposure

High noise exposure within 14 hours:  Yes  No

Last noise exposure: \_\_\_\_\_ hours ago

Hearing protection used before test:  Yes  No

TWA: \_\_\_\_\_ Sound Level: \_\_\_\_\_

Hearing Protection Devices		Otososcopic Screening	
Type Used	Specify Model/Size	Left	Right
<input type="checkbox"/>	Foam plug	<input type="checkbox"/>	Was Not Done
<input type="checkbox"/>	Pre-molded plug	<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Custom plug	<input type="checkbox"/>	Abnormal
<input type="checkbox"/>	Earmuff	<input type="checkbox"/>	Partial blockage
<input type="checkbox"/>	Plug & Muff	<input type="checkbox"/>	Total blockage
<input type="checkbox"/>	Electronic	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Hearing Protection Fit Check:  Proper  Poor  Re-instructed  Replaced

**Test Comments:** *[Signature]*

## Employee Training:

- The following topics have been explained to me:
1. The effects of noise on hearing
  2. The purpose of the hearing test & explanation of procedures
  3. Hearing protection use, care, fit and advantages/disadvantages

Employee Signature: <i>Mario Ruiz</i>	Date: <b>01-07-16</b>
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09/23/2009 11:00 3032277078

HR BRIGHTON

PAGE 01

BC009.019 - Diisocyanates Medical Surveillance - Health Professionals  
Page 14 of 16

Attachment 1

BASF Corporation  
Isocyanates Medical Surveillance - Health Professional

Respiratory Symptom Questionnaire

01-07-16  
Date of Examination

MARIO RUIZ  
Employee's Name (Print)

Location

521-65-8522  
Employee's Social Security Number

Please check the single best answer to each question

During the past four weeks:

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 1.1. Has your chest felt tight or your breathing become difficult? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2. Has your chest sounded wheezing or whistling?                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.3. Have you had a persistent or regular cough?                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.4. Have you developed a new skin rash?                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes to any of the above, please answer the following questions:

- 2.1 If you run, or climb stairs fast do you
- |        |                         |                          |                                     |
|--------|-------------------------|--------------------------|-------------------------------------|
| 2.1.1. | cough?                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1.2. | wheeze?                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1.3. | get tight in the chest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 2.2 Is your sleep broken by
- |        |                            |                          |                                     |
|--------|----------------------------|--------------------------|-------------------------------------|
| 2.2.1. | wheeze?                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2.2. | difficulty with breathing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 2.3 Do you wake up in the morning (or from sleep, if a shift worker) with
- |        |                            |                          |                                     |
|--------|----------------------------|--------------------------|-------------------------------------|
| 2.3.1. | wheeze?                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.3.2. | difficulty with breathing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 2.4 Do you wheeze
- |        |                                   |                          |                                     |
|--------|-----------------------------------|--------------------------|-------------------------------------|
| 2.4.1. | if you are in a smoky room?       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.4.2. | if you are in a very dusty place? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- 3.1 What happens to this on weekends?  
 better  same  worse
- 3.2 What happens to this on holidays of 4 days or more?  
 better  same  worse
- 3.3 Does this occur with exposure to a particular substance or process? Please describe.
- 
- 
-