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
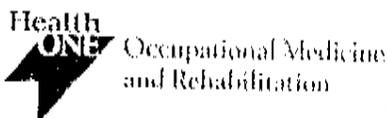
                                               Fax: _____

From: _____   Phone: 303-292-0034
                                                    303-451-7700
      _____   Fax: 303-292-0097
                                                    303-252-9474
      _____

Re: _____

Number of pages including cover sheet: _____

Notes: _____
_____
_____

Health ONE Occupational Medicine and Rehabilitation

HEARING TEST FORM

Employee Identification

Last Name	First Name	Middle Name	Employee ID#
Peters	Triston	Ryan	

Dept/Code	Job/Code	Work Shift	Shift Length

OCC HEALTH

DATE: 01/08/16
TIME: 18:08:13
PATIENT:

CURRENT AUDIOGRAM

FREQ.	L/DB	R/DB
1000 HZ	05	00
500 HZ	15	15
V1000 HZ	05	00
2000 HZ	00	00
3000 HZ	05	05
4000 HZ	05	15
6000 HZ	30	05
8000 HZ	05	05
AVG 2,3,4	003.3	006.7

TEST ID:3180818010615380

ELAPSED TIME = 04:36

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 T Peters

EXAMINER:
X Lenae Perez

QUESTION ANSWERS

LAST NAME:

FIRST NAME:

DOB:

SEX:

JOB TYPE:

LOCATION:

PROTECTION:

EXPOSURE:

****

Audiometric Information

Test Date:
Test Time: am/pm

Test Type: ☐ Baseline ☐ Annual/Periodic ☐ Retest ☐ Rehire ☐ Exit

Audiometer Make/Model: Tremetrics RA500	Last Annual Calibration Date: 1-6-16

OSHA sound room requirements met? ☒ Yes ☐ No

Technician: Lenae Perez	Technician:

Testing Company: HCA

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

Type Used   Specify Model/Size
☒ Foam plug
☐ Pre-molded plug
☐ Custom plug
☐ Earmuff
☐ Plug & Muff
☐ Electronic
☐ Other

Otoscopic Screening

Left		Right
☐	Was Not Done	☐
☒	Normal	☒
☐	Abnormal	☐
☐	Partial blockage	☐
☐	Total blockage	☐
☐	Other	☐

Hearing Protection Fit Check: ☐ Proper ☐ Poor ☐ Re-instructed ☐ Replaced

Test Comments:

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: Date: 1/8/16