



The Audiology Center, Inc.
 1364 Ebenezer Road
 Rock Hill, SC 29732
 (803) 327-1900

Jacquelyn D. Niedringhaus, Au. D.
 Doctor of Audiology

COMPANY:

Ear Plug Type

EMPLOYEE NAME: First Middle/Initial Last Birth Date Sex M / F Dept. Shift Soc. Sec. No.

DATE	RIGHT EAR								LEFT EAR								Audiometer	Otososcopic Exam		Noise Level		14 Hour Prior Exposure	Was Hearing Protection Used?	Tester (Signature)	Baseline	Annual	Recheck											
	500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000	RE	LE		dBA	Hrs per Day																			

Hearing History

Any adverse health conditions prior to test? Yes No If yes, what? _____

What diseases or infections have you had? _____

Anyone in your family have hearing loss? Yes No If yes, who? _____

Ever had ear problems or symptoms? Yes No If yes, what? _____

Do you have any noisy hobbies? Yes No If yes, what? _____

Been in military service? Yes No

Ever worked at a very noisy job? Yes No If yes, where, type job, length of time _____

Do you wear ear protection? Always Sometimes Never Not required

To the best of my knowledge the above information is true. (Signed) _____

Date _____ Comments following periodic or special audiograms (use reverse side for additional comments)