



OCCUPATIONAL SERVICES
AUDIOMETRIC EXAMINATION

Mentor Urgent Care
Mentor Wellness Campus
8655 Market Street
Mentor, OH 44060
(440) 255-6400 (440) 255-3637 Fax

Willowick Campus
29804 Lakeshore
Willowick, OH 44095
(440) 585-3322 (440) 585-1962 Fax

Chardon Campus
510 5th Avenue
Chardon, OH 44024
(440) 279-1525 (440) 279-1527 Fax

Last Name First Name M.I. Social Security Number M/F

Date of Birth Employer & Job Date of Hire

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS

- 1. Do you have a hearing problem?
2. Have you ever had a hearing test?
3. Have you ever been told you have a hearing loss?
4. Have you ever worked in a noisy environment?
5. Have you been exposed to gunfire or explosions?
6. Is anyone in your family hard of hearing?
7. Do you wear hearing protection regularly?
8. Have you worn hearing protection today?

- 9. Repeated noise exposures (check all that apply):
loud noises, power tools, hammering, auto body repair, chain saws, motorcycles, fireworks, other:

10. Rate your hearing: good, fair, poor, don't know, better with left ear, better with right ear

- 11. Have you ever had any of the following problems? (check all that apply)
Ear infections, Dizziness, Ear injury, Draining/Running, Ear surgery, Ringing, Hearing loss, Mastoid problems, Wax blockage, Ear pain, Head injury, Punctured eardrum, Hearing better on certain days, Feeling pressure/fullness in ears, Hearing problems of any kind, (describe):

12. Has there been any change in your hearing during the past year? Describe:

DATE: SIGNATURE:

NOISE DOSE:



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