OCCUPATIONAL AUDIOMETRY RECORD

Department of Labour
TE TARI MAHI

SURNAME: _____ FIRST NAMES: _____ DATE OF BIRTH: ___ / ___ / _____ M/F: _____

HOME ADDRESS

_____

_____

_____

EMPLOYER

_____

_____

_____

WORK LOCATION

_____

_____

_____

FAMILY DOCTOR: _____

_____

HEARING PROTECTION GRADE (Please circle appropriate grade)

0 1 2 3 4 5

NOISE EXPOSURE HISTORY

Present occupation: _____

Secondary employment: _____

Previous employment: _____

_____

_____

Military service: _____

Noisy hobbies: _____

Comments: _____

_____ Date: ___ / ___ / 20___ Initials: _____

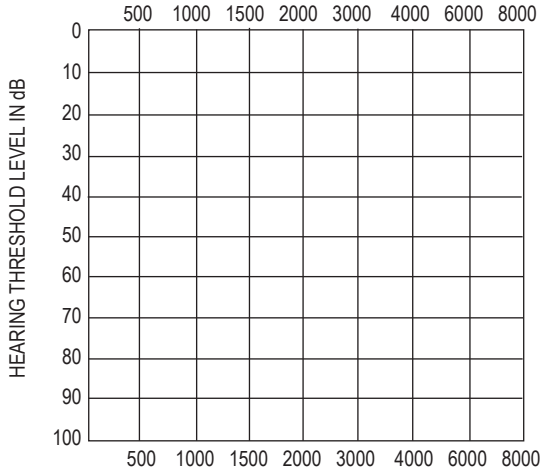
Period (Years and months)	

Hearing Protectors	
YES	NO
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Please indicate by ticking appropriate boxes

FIRST ASSESSMENT

REFERENCE AUDIOGRAM



FREQUENCY IN HERTZ (Hz) O = RIGHT EAR X = LEFT EAR

OTOSCOPIC EXAMINATION

	RIGHT EAR		LEFT EAR	
	YES	NO	YES	NO
CANALS CLEAR	☐	☐	☐	☐
NORMAL EARDRUMS	☐	☐	☐	☐
ANY PERFORATION	☐	☐	☐	☐

COMMENTS _____

_____

_____

_____

_____

_____

HEALTH HISTORY

	YES	NO	DETAILS
Diseases affecting hearing	☐	☐	_____
Ear or head injuries	☐	☐	_____
Family history of hearing loss	☐	☐	_____
Recent earache or discharge	☐	☐	_____
Any other health problems?	☐	☐	_____
Have you a hearing loss?	☐	☐	_____

Other comments _____

ACTION TO BE TAKEN _____

_____

Signed: _____ Designation: _____ Date: ___ / ___ / 20____

MEDICAL OFFICER'S COMMENTS (where applicable): _____

_____

Signed: _____ Date: ___ / ___ / 20____

MONITORING AUDIOMETRY RECORD

DATE AND TIME	COMMENTS (Please note all changes to information shown overleaf)	HEARING THRESHOLD LEVELS IN dB																Audiometer and calibration expiry date	Period since last noise exposure (hrs)	Appropriate hearing protectors worn	Initials of tester
		RIGHT EAR (Frequency)								LEFT EAR (Frequency)											
		500	1000	1500	2000	3000	4000	6000	8000	500	1000	1500	2000	3000	4000	6000	8000				