**OMB Control Number: 0693-#### Expiration Date: ##/##/####**

**U.S. DEPARTMENT OF COMMERCE**

**NAME** NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last** | **First** | **Middle** | **SOCIAL SECURITY NO.** | **OPERATING UNIT & LOCATION** |
| **DATE OF BIRTH** | **DATE EMPLOYED** | **JOB ASSIGNMENT** | **DATE** |

**AUDIOLOGICAL HISTORY**

|  |  |
| --- | --- |
|  **OCCUPATIONAL HISTORY (Beginning with last previous, working back to first job.)** |  |
|  | **EMPLOYER** | **CITY** | **DUTIES** | **DATES OF SERVICE** | **NOISE****EXPOSURE** | **EAR****PROTECTORS** |
| **1.** |  |  |  |  | **[ ]  YES** | **[ ]  NO** | **[ ]  YES** | **[ ]  NO** |
| **2.** |  |  |  |  | **[ ]  YES** | **[ ]  NO** | **[ ]  YES** | **[ ]  NO** |
| **3.** |  |  |  |  | **[ ]  YES** | **[ ]  NO** | **[ ]  YES** | **[ ]  NO** |
| **4.** |  |  |  |  | **[ ]  YES** | **[ ]  NO** | **[ ]  YES** | **[ ]  NO** |
| **MILITARY****SERVICE** | **TIME SERVED** | **BRANCH (OTHER)** | **EXPOSURE TO GUNFIRE AND NOISE** **[ ]  YES** **[ ]  NO** |
| **[ ]  ARMY** **[ ]  NAVY** **[ ]  MARINES** **[ ]  AIR FORCE**  |
| **CHECK IF YOU HAVE HAD ANY OF THE FOLLOWING:** |
|  | **[ ]  HAVE YOU EVER BEEN NOTIFIED THAT YOU HAVE A HEARING LOSS? DATE**  |  |
| **[ ]**  |  **ALLERGY** | **[ ]  DIABETES** | **[ ]  MUMPS** | **[ ]  HEARING LOSS IN FAMILY** | **[ ]  SEVERE OR PROLONGED ILLNESS** |
| **[ ]**  |  **MEASLES** | **[ ]  SCARLET FEVER** | **[ ]  WHOOPING COUGH** | **[ ]  HAVE YOU OR ANY MEMBER OF YOUR FAMILY HAD ANY EAR OPERATIONS?** **[ ]  YES** **[ ]  NO** |
| **[ ]**  |  **MENINGITIS** | **[ ]  ENCEPHALITIS** | **[ ]  HEAD INJURY** |  |
|  | **DESCRIBE:** |  |
|  **CHECK IF YOU NOW HAVE ANY OF THE FOLLOWING:** |  |  |
|  | **[ ]  PAIN IN EARS** | **[ ]  EAR DISCHARGE** | **[ ]  RINGING IN EARS** |  |  |
|  | **[ ]  TAKING ANY MEDICATIONS** | **NAME** |  |  |  |
|  |  |  |
|  |  |
| **NON-OCCUPATIONAL NOISE EXPOSURE** | **YES** | **NO** | **HOW OFTEN?** |
| **HUNTING OR SHOOTING** |  |  |  |
| **LOUD MUSIC** |  |  |  |
| **SNOWMOBILE** |  |  |  |
| **AIRPLANE** |  |  |  |
| **MOTORCYCLE** |  |  |  |
| **OTHER** |  |  |  |
| **PREVIOUS HEARING TEST** | **DATE** | **COMPANY** |
|  |
| **IS YOUR HEARING** | **[ ]  GOOD** | **[ ]  FAIR** | **[ ]  POOR** |
| **ARE YOU NOW USING EAR PROTECTION?** | **[ ]  YES, TYPE USED** |  | **[ ]  NO (IF NO, EXPLAIN BRIEFLY)** |
|  |

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