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

U.S. DEPARTMENT OF COMMERCE
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

NAME

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: ☐ ARMY ☐ NAVY ☐ MARINES ☐ AIR FORCE (OTHER)	EXPOSURE TO GUNFIRE AND NOISE ☐ YES ☐ NO

CHECK IF YOU HAVE HAD ANY OF THE FOLLOWING:

☐ HAVE YOU EVER BEEN NOTIFIED THAT YOU HAVE A HEARING LOSS?
DATE ____________

- ☐ ALLERGY
- ☐ MEASLES
- ☐ MENINGITIS
- ☐ DIABETES
- ☐ SCARLET FEVER
- ☐ ENCEPHALITIS
- ☐ MUMPS
- ☐ WHOOPING COUGH
- ☐ HEAD INJURY
- ☐ HEARING LOSS IN FAMILY
- ☐ SEVERE OR PROLONGED ILLNESS
- ☐ HAVE YOU OR ANY MEMBER OF YOUR FAMILY HAD ANY EAR OPERATIONS? ☐ YES ☐ NO

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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Commerce/DEPT-18: Employees Personnel Files Not Covered by Notices of Other Agencies
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Disclosure: Furnishing this information is voluntary. For Health Unit information collections, individuals have opportunity to decline providing information, however, care may be affected and future retrievability will be impacted. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated.