**OMB Control Number: 0693-0080 Expiration Date: 07/31/2021**

**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)** |
|  |

 **NIST-426 (REV. 4-2021) NIST P 7100.00**

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**Privacy Act Statement**

**Authority:**  The collection of this information is authorized under The National Institute of Standards and Technology Act, as amended, 15 U.S.C. 271 et seq. (which includes Title 15 U.S.C. 272) and section 12 of the Stevenson-Wydler Technology Innovation Act of 1980, as amended, 15 U.S.C. 3710a. Includes the following, with all revisions and amendments: 5 U.S.C. 301; 44 U.S.C. 3101; E.O. 12107, E.O. 13164, 41 U.S.C. 433(d); 5 U.S.C. 5379; 5 CFR Part 537; DAO 202-957; E.O. 12656; Federal Preparedness Circular (FPC) 65, July 26, 1999; DAO 210-110; Executive Order 12564; Public Law 100-71, dated July 11, 1987. Executive Orders 12107, 12196, and 12564 and 5 U.S.C. chapters 11, 33, and 63.

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OPM/GOVT-10:  Employee Medical File System Records

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