

**ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC**

**Hearing Conservation Program Hearing Health History**

Employee Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_

UID: \_\_\_\_\_

Do you use Hearing Protection Devices (HPDs)?  Yes  No

Type of HPD: \_\_\_\_\_

Time of Last Noise Exposure: \_\_\_\_\_

Please answer the questions below:	Yes	No	Comments
Do you have or have you ever had draining ears?			
Have you had previous hearing tests?			
Do you have a known hearing loss?			
Have you ever had a head injury?			
Has anyone in your family had hearing loss before the age of 50?			
Do you have ringing in your ears?			
Have you had exposure to firearms?			
Have you had noise exposure at a previous job?			
Are you taking any medications known to be ototoxic?			
Do you have sinus, allergy or cold problems today? Chronic?			
Do you hear better in one ear than the other? If so, which ear?			
Do you have any dizziness? Is this a recent occurrence?			
Circle any of the following noisy hobbies that you have: loud music, farming, aircraft, stock cars, power tools, chain saws, snowmobiles or powerboats.			
Do you have fullness in your ears or numbness in your face?			
Circle any of the following that you have had: mumps, measles, scarlet fever, chicken pox, or meningitis.			
Is there any other aspect of your hearing health history that we should be aware of?			

\*DO NOT SEND THIS FORM TO ENVIRONMENTAL HEALTH AND SAFETY