



Central Oregon Audiology and Hearing Aid Clinic, Inc.

301 NE Franklin Ave, Bend, OR 97701 541-389-6669
527 NW Fir Ave, Redmond, OR 97756 541-548-4245

Employer _____

Date _____
Last Name _____
First Name _____
****Required**** Emp. ID # or Last 4 Digits
Of SSN _____
Birthdate _____
Age _____ Male / Female

Location _____
Department _____
Job Title _____
Hire Date _____
Examiner: _____
Cert #: _____
Audiologist: Jeanette Van Kessel, M.A., F-AAA

Relevant Case History

<u>Question</u>	<u>Circle</u> <u>Yes / No</u>	<u>Comment (If necessary)</u>
Ringing in ears?..... (R, L, Both?)	Y N	.....
Sudden hearing loss due to noise trauma?...	Y N	.....
Perforated eardrum?.....	Y N	.....
Head cold today?	Y N	.....
Unconsciousness/head injury?.....	Y N	.....
Wear a hearing aid?..... (R, L, Both?)	Y N	.....
Loud music or instrument?.....	Y N	.....
Active military duty?	Y N	.....
Prior military service?.....	Y N	.....
Hunting?..... (R or L shoulder?)	Y N	.....
Target shooting?	Y N	.....
Hearing protection around loud noise?	Y N	.....
Power tools/chainsaw?	Y N	.....
Home tractor/machinery?	Y N	.....
Recreational vehicles?	Y N	.....
Trouble with hearing loss?	Y N	.....
Hearing protection worn today prior to test?	Y N	.....
Is today's test the first test with this employer?	Y N	.....
Noise free for 14 hours prior to test today?	Y N	.....

EMPLOYEE SIGNATURE _____ **DATE** _____

	500	1000	2000	3000	4000	6000	8000
Left							
Right							
Audiometer		Calibration Date			Serial #		
DATE _____		TESTER _____			REVIEWED BY _____		

Notes: _____