ExpressMED

Audiometric Examination Record

Name:_____

Date of Birth: _____

Company: _____

OTOLOGIC HISTORY	YES / NO	Comments
1. Dizziness / Balance problems?	☐ ☐	_____
2. Persistent ringing in ears?	☐ ☐	_____
3. Have you had a recent earache?	☐ ☐	_____
4. Recent drainage from your ears?	☐ ☐	_____
5. Any sudden hearing change?	☐ ☐	_____
6. Any fluctuating hearing?	☐ ☐	_____
7. Fullness / discomfort in either ear?	☐ ☐	_____
8. Visible earwax acumulation?	☐ ☐	_____
9. Do you take prescription drugs?	☐ ☐	_____
10. Do you have elevated blood pressure?	☐ ☐	_____
11. Do you have diabetes?	☐ ☐	_____
12. Do you have arthritis?	☐ ☐	_____
13. Any recent doctor visits for your ears?	☐ ☐	_____
14. Have you ever had ear surgery?	☐ ☐	_____
15. Have you ever had head trauma?	☐ ☐	_____
16. Have you had the measles or mumps?	☐ ☐	_____
17. Have you had meningitis / scarlet fever?	☐ ☐	_____
18. Do you have kidney disease?	☐ ☐	_____
19. Do you have chronic allergies, URIs?	☐ ☐	_____
20. Have you served in the military?	☐ ☐	_____
21. Hobbies include firearms or car racing?	☐ ☐	_____
22. Have you had a recent cold?	☐ ☐	_____
23. Hobbies include loud music or power tools?	☐ ☐	_____
24. Exposed to any loud noise (nonwork-related)?	☐ ☐	_____
25. Is wearing hearing protection optional on the job?	☐ ☐	_____

Patient Signature: _____ **Date:** _____