

McLaren Print System Order

Order No: 48199 Reprint Previous Order No: 7426
 Order Date: 2019-08-29
 User: Kelly Lewis
 Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care
 801 Joe Mann Blvd.
 Midland, MI 48642

Forms

Quantity: 100
 Paragon Dept No: 56062
 Dept Name: Midland Occupational and Convenient Care
 Company Number: 810

Order Total Price: 0.00

Item Number: M-34296
 Item Description: Hearing Test Record
 Revision Date: 6/2016
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

**McLAREN MEDICAL GROUP
HEARING TEST RECORD**

1213 E. 140 Rd., Grand Blanc, MI 48408 2430 Owen Road, Suite G, Fenton, MI 48430
 Phone: (810) 496-0930 810-629-6230
 1375 N. Main Street, Lapeer, MI 48846 4 Columbus Ave, Suite 140 Bay City, MI 48708
 810-667-9839 Phone: (989) 377-4350

PLEASE PRINT

Company Name: _____

Employee Name: _____

SSN: _____ D.O.B.: _____

Job Description: _____

Hours since last exposed to **Noise** without hearing protection: _____

Ear protection used: None Plug MUF Both

My hearing is: 1 - Good 2 - Fair 3 - Poor

Circle those that apply:

Hearing loss in Family 1. Mother before age 50 2. Father before age 50 3. Sister before age 50 4. Brother before age 50 5. Yourself	Disease or Infections 1. Measles 2. Mumps 3. Kidney disease 4. Scarlet fever 5. Diabetes 6. Fever as a baby 7. Allergies 8. Meningitis 9. High blood pressure	Ear Problems & Symptoms 1. M.D. care for ears 2. Draining ears 3. Ear infection 4. Ear surgery 5. Hearing aid 6. Excess ear wax 7. Ringing in ears 8. Face feels numb 9. Dizziness
---	---	--

Injury to Head or Ear 1. Screen blow to head 2. Skull fracture 3. Knocked out 4. Other head injury 5. Ear drum puncture 6. Explosion of blast 7. Auto accident 8. Flying or skydiving 9. Diving accident	Non-Occupational Activity 1. Active military duty 2. Artillery - flying 3. Military shooting 4. Private flying 5. Loud music 6. Home power tools 7. Home tractor/machinery 8. Power tools-cycles 9. Any other noise	Years _____ _____ _____ _____ _____ _____ _____ _____
--	---	--

Have you ever been under the care of an ear specialist? YES NO

Have you ever taken Quinine, Neomycin, Streptomycin, or large quantities of Argent? YES NO

Do you drive with driver's window open? YES NO

Were you exposed to noise in some former employment? YES NO

Source: Hours per day: Years of experience:

Patient Signature: _____ Date: _____