McLaren Medical Group

HEARING TEST RECORD

- ❑ 2313 E. Hill Rd. Grand Blanc, MI 48439 (810) 496-0900
- ❑ 1375 N. Main Street, Lapeer, MI 48446 (810) 667-5639
- ❑ 6910 S. Cedar St. Suite, 1 Lansing, MI 48911 (517) 975-3110
- ❑ 1523 S. Mission St. Mt. Pleasant, MI 48858 (989) 779-5600

PLEASE PRINT

Company Name:_____

Employee Name:_____

SS#_____ D.O.B._____

Job Description:_____

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

Ear protection used: _____None _____Plug _____Muff _____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	**Non-Occupational Activity**	**Years**
1. Severe blow to head	1. Active military duty	_____
2. Skull fracture	2. Artillery - flying	_____
3. Knocked out	3. Hobby shooting	_____
4. Other head injury	4. Private flying	_____
5. Eardrum puncture	5. Loud music	_____
6. Explosion of blast	6. Home power tools	_____
7. Auto accident	7. Home tractor-machinery	_____
8. Flying or skydiving	8. Power boats-cycles	_____
9. Diving accident	9. Any other noise	_____

Have you ever been under the care of an ear specialist? _____YES _____NO

Have you ever taken Quinine, Neomycin, Streptomycin, or large quantities of Aspirin? ___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: _____