

McLaren Print System Order

Order No: 7484
Order Date: 2014-12-04
User: Kelly Lewis
Phone: 810-496-0916

Ship Location: Grand Blanc Occupational -- Kelly Lewis
2313 E. Hill Rd.
Grand Blanc, MI 48439

Forms

Quantity: 1000
Paragon Dept No: 64100
Dept Name: Grand Blanc Occupational
Company Number: 810

Order Total Price: 0.00

Item Number: M-34296
Item Description: Hearing Test Record
Revision Date: 12/2014
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
2313 E. Hill Rd. Grand Blanc, MI 48439 (810) 496-0900
1375 N. Main Street, Lapeer, MI 48446 (810) 667-5639
8610 S. Cedar St. Suite 1 Lansing, MI 48911 (517) 675-3110
1520 S. Mission St. Mt. Pleasant, MI 48858 (989) 779-5600

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 _____ 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: 1. Severe 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. Hobby 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 Aspart? 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: _____