

**McLAREN MEDICAL GROUP
HEARING TEST RECORD**

- 2313 E. Hill Rd., Grand Blanc, MI 48439
Phone: (810) 496-0900
- 1375 N. Main Street, Lapeer, MI 48446
810-667-5639

- 2420 Owen Road, Suite G, Fenton, MI 48430
810-629-6230
- 4 Columbus Ave. Suite 140 Bay City, MI 48708
Phone: (989) 377-4550

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

- 1. Severe blow to head
- 2. Skull fracture
- 3. Knocked out
- 4. Other head injury
- 5. Eardrum 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 boats-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 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: _____