



hands on Occupational Health

Name:

Date of Birth:

Location:

Date:

Previous Noisy Occupations			
Employer	Occupation	Length of Service	Ear Protection Worn

Do you have to shout to make yourself heard at work?

All the time <input type="checkbox"/>	half the time <input type="checkbox"/>	occasionally <input type="checkbox"/>
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Have you been exposed to noise in the last 12 hours? Yes/No

- If yes, please give date.....time.....duration.....

Is your hearing normal? Yes/No

- If not which ear is affected? Left/Right/Both

Have you ever consulted your GP or specialist about your hearing? Yes/No

- If yes, what was the outcome?.....

Have you ever had an

- injury/operation on the ear? Yes/No
- a mastoid? Yes/No
- an injury to the head, which made you unconscious? Yes/No

Have you ever had the following?

Mumps	Yes/No	Malaria	Yes/No	Chickenpox	Yes/No
Measles	Yes/No	Tuberculosis	Yes/No	Scarlet Fever	Yes/No
Meningitis	Yes/No	Rheumatic fever	Yes/No	Giddy Attacks	Yes/No

Have you ever had any drugs for the following?

Malaria	Yes/No	Kidney/urine problems	Yes/No	Rheumatism	Yes/No
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Have you ever had an injection of streptomycin, radiotherapy or chemotherapy? Yes/No

- If so for how long?.....

