

hands on Occupational Health

Name:

Date of Birth:

Location:	n: Date:										
Previous Noisy Occupations											
Employer	Occupation		Length of Service		Ear Protection Worn						
Limployer	Оссара	1011	Length of Service		Lui i i oc	CCCIOII WOIII					
De very have to about to make very modification of the said of the											
Do you have to shout to make yourself heard at work?											
All the time □		half the time \Box	occasion		ally 🗆						
Have you been exposed											
If yes, plese give datetimeduration											
Is your hearing normal? Vos/No											
Is your hearing normal? Yes/No											
 If not which ear is affected? Left/Right/Both 											
Have you ever consulted	l vour GP	or specialist about	vour hearing	? Yes/No							
		me?									
- II yes, what was	the outco		• • • • • • • • • • • • • • • • • • • •			**********					
Have you ever had an											
injury/operation	Yes/No										
• a mastoid? Yes/No											
 an injury to the head, which made you unconscious? Yes/No											
an injury to the head, which made you unconscious: Testino											
Have you ever had the fo	ollowing?										
Mumps Yes/No)	Malaria	Yes/No	Chicke	npox	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	J	Kidney/urine prol	olems Yes/No	Rhei	umatism	Yes/No					
Have you ever had an injection of streptomycin, radiotherapy or chemotherapy? Yes/No											

Have your hobbies, secondary jobs or training ever involved the following?													
	ver boating/waterskiing? Diving?					Flying?							
Yes/No			Yes/No			Yes/No							
Power t	ools?		Shooting?			Motorcycling							
Yes/No	Yes/No					Yes/No							
Motor r	acing?		Working o	n engines?									
Yes/No			Yes/No										
		ra playing?		obing/conce	erts?	MP3/personal stereo use?							
Yes /No	/No Yes/No					Yes/No							
When did you last use an MP3/personal stereo?Duration? Have you ever used firearms? Yes/No. If yes, please specify type													
Have you ever been exposed to other noise or explosion (eg military service, quarry work) Yes/No. • If so what type?													
Have you ever been diagnosed with Hand Arm Vibration syndrome Yes/No Vibration white finger? Yes/No													
Is any member of your family deaf? Do any of your family members have ear disease? Yes/No Relationship to you? Relationship to you? Relationship to you? Relationship to you? Yes/No Other sounds in your ears? Yes/No Yes/No													
•	Difficulty	y hearing in	a crowded room?)	Yes/No								
I have been instructed in the importance of protecting my hearing, care and use of hearing protection and my audiogram result has been explained to me.													
I *agree/*do not agree to the results of my audiogram including HSE category being communciated to my manager and the health and safety officer in the interests of protecting my hearing. (*delete as applicable)													
SignedDate													
*****	*****	******	******	******	******	*****	*****						
Occupa:	tional He	alth Use On	lv· OH	advisor									
эссири	Canal	000 011	.,.	1	Membrane								
Ear Tympame Wembrane													
	Wax	Appears	abnormalities	Appears	Scarring	Perforation	Partially	Not					
		normal		Normal	200.11110		seen	seen					
Left													
Right													
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Name:......D.o.B...........Date......

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