

**Alliance Health Resources Mobile Division, Ltd.  
INDIVIDUAL HEARING HISTORY**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE: \_\_\_\_\_ DOB: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

	Please circle		COMMENTS
Have you been exposed to loud noise in last 24 hours?	YES	NO	_____
Have you worn any hearing protection in the last 8 hours?	YES	NO	_____
In a normal day are you exposed to loud noises?	YES	NO	_____
Do you wear hearing protection daily?	YES	NO	_____
Were you exposed to loud noises at your last job?	YES	NO	_____
Did you wear any hearing protection at your last job?	YES	NO	_____
Do you wear a hearing aid?	YES	NO	_____
Have you ever had or been diagnosed with any of the following: (If yes, at what age?)			
Mumps	YES	NO	_____
Scarlet fever	YES	NO	_____
Measles	YES	NO	_____
Meningitis	YES	NO	_____
Diabetes	YES	NO	_____
Kidney disease	YES	NO	_____
Chicken pox	YES	NO	_____
Do you have any allergies?	YES	NO	_____
Any history of hearing loss in your family? If so who?	YES	NO	_____
Have you ever served in the Military?	YES	NO	_____
Do you use power tools at home?	YES	NO	_____
Do you listen to loud music?	YES	NO	_____
Do you operate or use a home tractor?	YES	NO	_____
Do you operate or use a power boat / cycle?	YES	NO	_____
Do you do any private flying?	YES	NO	_____
Do you do any shooting of firearms?	YES	NO	_____
Past home exposure to loud noise	YES	NO	_____
Have you ever been near a loud blast?	YES	NO	_____
Have you ever had any severe head injuries?	YES	NO	_____
Have you ever been in a diving accident?	YES	NO	_____
Do you have any birth defect of the ears - which one?	YES	NO	_____
Are you deaf in either ear? If so Left or Right.	YES	NO	_____
Do you ever have any of the following? If so how often?			
Dizziness	YES	NO	_____
Earaches	YES	NO	_____
Ear infections	YES	NO	_____
Feel fullness in ears	YES	NO	_____
Ringing in the ears	YES	NO	_____
Numbness in your face	YES	NO	_____
Have you ever punctured an ear drum?	YES	NO	_____
Have you ever had ear surgery?	YES	NO	_____

**PLEASE MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS.**