

Gurmu OccMed Services

500 Greenfield Ave
Hanford, Ca, 93230
T: 559-587-5587; F:559-587-5557

2500 W. Florence Ave
Los Angeles, Ca, 90043
T:323-750-2083; F: 323-753-3435

ID or SSN: XXX - _____ - _____

Location _____

Name: _____
Last First M.I.

In Hearing Program?: Yes No

Birth Date: _____ - _____ - _____ Sex: M F
Mon Date Year

Hire Date: _____ - _____ - _____
Mon Date Year

Have you recently experienced pain in either ear?	Right	Left	Both	No
Have you recently experienced dizziness?			Yes	No
Have you recently experienced severe tinnitus?	Right	Left	Both	No
Have you recently experienced sudden hearing loss?	Right	Left	Both	No
Have you recently experienced fluctuating hearing loss?	Right	Left	Both	No
Have you recently experienced ear fullness or discomfort?	Right	Left	Both	No
Have you recently had problems wearing hearing protection?	Right	Left	Both	No
Have you ever served in the military?			Yes	No
Have you ever been to a doctor for an ear-related problem?	Right	Left	Both	No
Have you ever had a severe head injury?			Yes	No
Have you ever had ear surgery?			Yes	No
Have you ever had an ear injury?			Yes	No
Have you ever had the mumps or measles? (Circle all that apply)			Yes	No
Do you have kidney disease, high blood pressure or diabetes? (Circle all that apply)			Yes	No
Have you ever had scarlet fever or meningitis? (Circle all that apply)			Yes	No
Do you have an existing hearing problem?	Right	Left	Yes	No
Do you have frequent ear infections?			Both	No
Do you shoot guns or hunt?	Yes	No		
Do you wear a hearing aid?	Right	Left	Both	No
Do you participate in loud activities (music, motorcycle, etc.)?			Yes	No
Are you currently suffering from allergies?			Yes	No
Does any of your IMMEDIATE family have hearing problems?			Yes	No

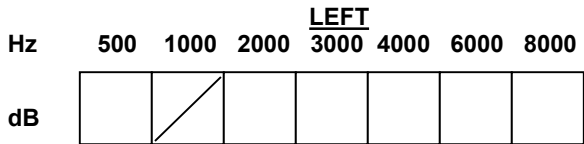
Comments: _____

Employee Signature

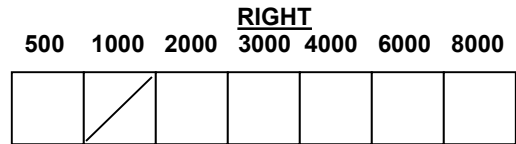
OFFICE USE ONLY:

Otosopic Results

Normal	Left	Right	Obstruction	Left	Right	Partion Obstruction	Left	Right
Abnormal	Left	Right	Perforation	Left	Right	Could Not Visualize	Left	Right
Blockage	Left	Right	Surgery/Scarring	Left	Right	Foreign Body	Left	Right
Possible Disease	Left	Right	Excessive Wax	Left	Right	Other: _____	Left	Right



Unmasked



Average Threshold Level (dB)			
-10 to 15 dB	Normal Hearing	41 to 55 dB	Moderate Hearing Loss
16 to 25 dB	Slight Hearing Loss	56 to 70 dB	Moderately Severe Hearing Loss
26 to 40 dB	Mild Hearing Loss	71 to 90 dB	Severe Hearing Loss
		91 and Greater	Profound Hearing Loss

*Generally, if a person can hear as low as 25dB at the test frequencies, his/her hearing is considered acceptable

Test Date: ____ / ____ / ____ Test Time: ____ / ____ / ____ Technician Name /Cert. #: _____

Audiometer Make/Serial #: _____ Audiometer Calibration Date: ____ / ____ / ____

