

OSU Environmental Health and Safety Department has identified that you are exposed to noise in your workplace and therefore need to be enrolled in the hearing conservation program.

The first hearing test is usually called a baseline or reference audiogram and allows the clinician to tell if you have normal hearing or hearing problems related to noise exposure, illness, inner ear damage, wax buildup, etc. The baseline test can also provide an early warning of hearing problems caused by noise exposure so that you can protect your hearing by wearing protection.

Later hearing tests are usually called follow-up audiograms and are done annually. The clinician compares baseline and follow-up tests to look for any changes in your hearing levels and to advise you if you are sensitive to noise. You can then take positive steps to protect your hearing by wearing hearing protection both on and off the job whenever you are exposed to loud noise.

1. If baseline test avoid noise for 14 hours prior to testing, this means on and off the job.
2. Annual audiograms can be done any time during the work shift.
3. Please bring completed audiometry questionnaire with you.
4. Testing is done in Student Health Services, 201 Plageman
5. Please check in at main check in desk and identify yourself as an employee
6. Appointments are about 20 min, please arrive a little early

For any questions in regards to hearing test, please contact:

Occupational Medicine
Martha Adams RN
Phone 541-737-7566
Martha.Adams@oregonstate.edu

AUDIOMETRY QUESTIONNAIRE

Name: _____ Date: _____

Job Title: _____ OSU ID: _____ DOB: _____

When was your last exposure to noise: _____

General Health

Serious Illness yes no

If yes, describe: _____

Head injury with loss of consciousness yes no

History of allergy problems yes no

Cold/flu symptoms in last 2 weeks yes no

Medications taken in the last month _____

Have you ever had any of the following?

Measles yes no

Scarlet Fever yes no

Diabetes yes no

Mumps yes no

Meningitis yes no

High Blood Pressure yes no

Hearing and hearing symptoms

Do you have a family member who had hearing loss before the age of 50? yes no

Repeated ear infections in the past? yes no

Have you had previous ear surgery yes no

Do you have frequent or severe dizziness yes no

Do you have ringing in your ears? left right both none

Punctured eardrum? left right both none

Do you have current ear pain? left right both none

Do you use a hearing aid? left right both none

Current noise exposure at work

Do you work in a noisy environment? yes no

Describe location: _____

Continuous exposure? yes no

Intermittent exposure? yes no

Do you wear ear plugs or any other device? yes no

If yes describe: _____

Non-work Environment

Military Service? yes no

Listen to loud music or play in a band? yes no

Do you or have you shot firearms? yes no

Scuba dive? yes no

Fly an aircraft, or drive a race car? yes no

Do you have noisy hobbies (motorcycles or power tools)? yes no

Other: ex. Farm or construction equipment? yes no

Have you worked at a noisy job prior to your current job? yes no

Did you wear earplugs or other devices yes no

Do you have a second job that is noisy? yes no

Employee Signature: _____ Date: _____

Clinician Review: _____ Date: _____

Comments: _____