We Listen Mobile Hearing
1338 Gethsemane Church Rd
Chester SC 29706
(839) 930-0029

Jacquelyn D. Niedringhaus, Au. D.
Doctor of Audiology

COMPANY:

Ear Plug Type

EMPLOYEE NAME: First | Middle/Initial | Last | Birth Date | Sex M / F | Dept. | Shift | Soc. Sec. No

DATE	RIGHT EAR							LEFT EAR							Audiometer	Otoscopic Exam		Noise dBA	Level Hrs per Day	14 Hour Prior Exposure	Was Hearing Protections Used?	Tester (Signature)	Baseline	Annual	Recheck
	500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000		RE	LE								

Hearing History

Any adverse health conditions prior to test? ❒ Yes ❒ No If yes, what? _____

What diseases or infections have you had? _____

Anyone in your family have hearing loss? ❒ Yes ❒ No If yes, who? _____

Ever had ear problems or symptioms? ❒ Yes ❒ No If yes, what? _____

Do you have any noisy hobbies? ❒ Yes ❒ No If yes, what? _____

Been in military service? ❒ Yes ❒ No

Ever worked at a very noisy job? ❒ Yes ❒ No If yes, where, type job, length of time _____

Do you wear ear protection? ❒ Always ❒ Sometimes ❒ Never ❒ Not required

To the best of my knowledge the above information is true. (Signed) _____

Date	Comments following periodic or special audiograms ***(use reverse side for additional comments)***