

ATLANTIC ENT ASSOCIATES, PA

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OSHA Hearing Screening

Date of Test: _____

Personal Information (please print):

Name: _____ Date of Birth: _____

Employer: _____ Job Title: _____

Hearing History (please circle):

Do you have hearing difficulty? Y N Do you currently wear hearing aids? Y N
 Have you ever had ear surgery? Y N Do you have ringing/ noises in your ears? Y N
 Do you have pain in your ears? Y N Have you had a serious head injury? Y N
 Have you been exposed to recreational noise (hunting, chainsaws, carpentry, etc)? Y N
 Did you use hearing protection? Y N What type? Plugs Muffs Both
 Are you currently exposed to noise? Y _____ No
 Do you use hearing protection? Y N What type? Plugs Muffs Both
 Number of hours since your last noise exposure: _____

FOR OFFICE USE ONLY

EAR	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	PTA 2k-4kHz
RIGHT							
LEFT							

EAR	HEARING LEVEL	HEARING SHIFT (since baseline)
RIGHT	WNL MILD MODERATE SEVERE	N/A NONE SHIFT
LEFT	WNL MILD MODERATE SEVERE	N/A NONE SHIFT

Test Reliability: Good Fair Poor Test Type: Baseline Annual Re-Test

Audiometer: GSI 16 or FA-10 Calibration Date: _____

Recommendations:

- Annual Hearing Screening with continued use of hearing protection
- Re-test in 30 days due to threshold shift
- ENT Consult: _____

Audiologist: _____ NJ Audiology License # _____