**AUDIOMETRY REVIEW QUESTIONNAIRE**

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| Title: Mr/ Mrs/ Miss/ Ms/ Prof/ Dr: |
| Surname: |
| First Names: |
| Address: |
| Post Code: |
| Date of Birth: |
| Job Title: |
| Department & Contact Telephone Number: |
| Name of Line Manager/ Supervisor: |
| Contact Tel. No. Line Manager/ Supervisor: |
| Date Commenced Post: |

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| **Since your last hearing test:** | **YES** | **NO** |
| **(Please ✓ as appropriate). If ‘YES’ to any of the questions below please provide further details in the space provided at the bottom of the table.** |  |  |
| Have you had any problems with your hearing? |  |  |
| Has anyone else complained about your level of hearing? |  |  |
| Have you had any ear problems? |  |  |
| Have you suffered any illness that has affected your hearing? |  |  |
| Have you sustained a head injury? |  |  |
| Have you seen your General Practitioner about your ears or hearing? |  |  |
| Have you taken any new medication? |  |  |
| Have you taken up any new hobbies that expose you to noise? |  |  |
| Do you regularly use a mobile telephone? |  |  |
| If ‘YES’ which ear do you use? Left Right (delete as applicable) |
| Have you had any changes to your job? |  |  |
| If required have you been offered hearing protection? |  |  |
| If required have you worn hearing protection? |  |  |
| Are there any other details about your hearing which you may feel is relevant which we have not asked you about and/ or can you provide any further details to any of the ‘YES’ questions listed above? |  |  |

The information supplied by you on this questionnaire will be used to produce a Hearing Category Certificate. This will be forwarded to your line manager/supervisor as evidence of your fitness to work/study.

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| Name: | Signature: | Date: |