



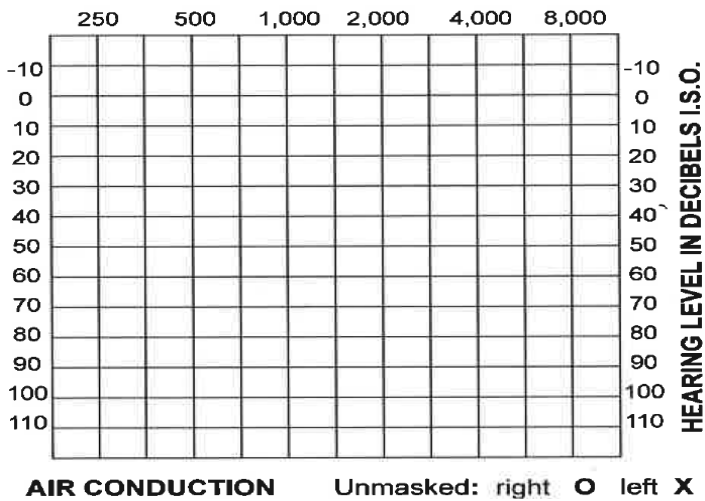
**HEARING CONSERVATION
AUDIOMETRY REPORT FORM**

Surname:	MRN:
Address:	
Date of Birth:	MO:
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	
Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>	

AUSTRALIAN / NEW ZEALAND STANDARD 1269:4:2014

Name:	M/F	Site:
Referral Source /Employer:	Reference/Monitoring Audiometry	
Date:	Time:	Years of current employment:
Hearing Protectors Worn: <input type="checkbox"/> Nil <input type="checkbox"/> Plugs <input type="checkbox"/> Earmuffs <input type="checkbox"/> Either <input type="checkbox"/> Both		
Use of Hearing Protection: <input type="checkbox"/> Often <input type="checkbox"/> Seldom <input type="checkbox"/> Never <input type="checkbox"/> Not Necessary		
Noise Exposure History:		
Noise Exposure over past 16 hours:		
Audiometer:	Date of Calibration	

AUDIOGRAM FREQUENCY IN HERTZ



	3000Hz	4000Hz	6000Hz	A to F ÷ 6
Right 1	A	C	E	
Right 2	B	D	F	dB
Average	[] A + B ÷ 2	[] C+D ÷ 2	[] E+F ÷ 2	
Left 1	A	C	E	
Left 2	B	D	F	dB
Average	[] A + B ÷ 2	[] C+D ÷ 2	[] E+F ÷ 2	

Audiometric Interpretation:

Otoscopy (Right) Normal / Other _____
 Otoscopy (Left) Normal / Other _____

History of ear problems: _____ Tinnitus: Yes / No Intermittent / Continuous How Long? _____

Audiogram: _____

Threshold shift since last screening on _____ Yes / No
 If yes, which frequency/s _____ Right and or Left Ear/s

Referred: Yes / No To Whom: _____

Results explained to Client Hearing conservation education given to Client

Action Plan: _____

Client Agrees / Disagrees to the release of audiometric results to _____
 Client Signature _____ Date: _____
 Tester: _____ Signature: _____ Designation: _____