

SOUTH GLOUCESTERSHIRE OCCUPATIONAL HEALTH SERVICES NOISE AND AUDIOMETRIC SURVEILLANCE QUESTIONNAIRE

Full Name:		D.O.B. & Age:	
Place of work: (School & Dept)		Occupation:	
Male/Female:		Date and Time:	
Length of Employment:		Line Manager:	

Conditions	YES	NO	Details
Have you had ear trouble as a child or adult? Infection Discharge Wax Deafness Injury Operation			
Is there a history of deafness in your family?			
Have you suffered any of the following? Measles Mumps Chicken Pox Scarlet Fever Meningitis Diphtheria Head injury			
Do you suffer from noises in your head or ears?			
Do you suffer from dizziness?			
Do you take any medication?			
Do you have a hobby that involves noise?			
Have you been exposed to gunfire as a hobby or professionally?			
Do you regularly attend pubs / clubs or use a personal stereo, eg walkman / Ipod?			
Have you been exposed to undue noise within the last 48 hours?			
Have you had a hearing test before?			
Have you worked in noisy jobs in the past?			

MEDICAL IN CONFIDENCE

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Condition	YES	NO	Details
Have you worn hearing protection in the last year?			
Last exposure to noise?			
Was hearing protection worn?			

Ear Examination:	L:	R:	
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kHz	1 + 2 + 3 + 4 + 6		3 + 4 + 6 Current/<3 years 30dB difference?		1 + 2 + 3 + 4	
	L	R	L	R	L	R
Ear						
Sum						
Category						
Action						

Comments:

Assessment: *(please circle outcome)*

FIT for specified work
FIT with restrictions
REFERRED for medical opinion

OH signature:
Date:

This data is entirely confidential to the Occupational Health Unit and will not be revealed to anyone else, either inside or outside the University unless with your consent. However, generalised advice on your fitness to work, if appropriate, may be given.

I hereby declare that the above medical information is true and accurate to the best of my belief and knowledge. I will notify Occupational Health if there is any change to my health.

Employee signature: Date:

MEDICAL IN CONFIDENCE