

UF Health Audiology
6201 W Newberry Rd
Gainesville, FL 32605
352-265-6820

**Hearing Conservation Program
New Hire Questionnaire**

Name: _____ UF ID#: _____
Testing Date & Time: _____ Date of Birth: _____
Department _____ Supervisor _____ Work Ph. _____

Hearing Protection Device (HPD) Use

Do you use ear plugs when required? Y / N	Percentage of time used? _____ %
Do you use ear muffs when required? Y / N	Percentage of time used? _____ %
Do you use a combination of the above when required? Y / N	
If yes, what combination? _____	Percentage of time used? _____ %

What was the date of your last Hearing Protection Device Training? _____

Do you know the average noise level you are exposed to at 8 hours of work (dBA 8-hour TWA noise exposure level)? Yes / No If yes, what is it? _____

Were you exposed to **hazardous** noise in the last **14 hours**? Yes / No

If yes, how long ago? _____

Do you have any family members with hearing loss before age 50? Yes / No

If yes, who? _____

Do you use hearing aids? Yes / No In which ear? Left/Right/Both

Do you have ringing in your ear(s)? Yes / No In which ear? Left/Right/Both

Do you have frequent or severe dizziness? Yes / No

Do you have frequent allergy problems? Yes / No

Do you have a second job that is noisy? Yes / No

Do you have ear pain right now? Yes / No

Have you taken any medication or antibiotics in the last month? Yes / No

If yes, which ones? _____

Are you under a physician's care for ear problems? Yes / No

If yes, explain: _____

Have you ever had ear infections, earaches, or drainage? Yes / No

Do you have an earache or drainage now? Yes / No

Have you ever had ear surgery? Yes / No

Have you ever been exposed to any loud explosions? Yes / No

Have you ever had a head injury causing unconsciousness? Yes / No

Do you listen to loud music or play in a band? Yes / No

Do you operate power-driven farm equipment? Yes / No

Do you operate construction equipment? Yes / No

Do you shoot or have you shot firearms (sport or military)? Yes / No

Do you have any noisy hobbies? Yes / No

If yes, what are they? _____

Have you worked at a noisy job(s) before you started working at this job? Yes / No

If yes, what job(s): _____

Have you ever had?

Measles? Yes / No Scarlet fever? Yes / No Diabetes? Yes / No
Mumps? Yes / No Meningitis? Yes / No High blood pressure? Yes / No

Authorization for Release of Information

Your signature below indicates the following:

- I authorize the UF Speech and Hearing Clinic to secure and/or release information for professional use.
- I understand the UF Speech and Hearing Clinic is a training clinic and that all procedures will be conducted under the supervision of the faculty of the Clinical Training Program.
- I agree to permit doctoral of audiology students who are currently enrolled in academic training programs to participate in my evaluation and/or treatment procedures.

Employee's Name (print)

Employee's Signature

Date

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Otoscopy
LEFT								
RIGHT								