UF UNIVERSITY of FLORIDA

UF Hearing Program / Annual Medical Update Form

Employee Information	
Name:	**Date of Birth:**
UF ID:	**Position (Title):**
Supervisor:	**Department:**
Work Phone Number:	**Work Address:** (if located off-campus, provide name of center only)

Hearing Protection Device (HPD) Use		
Last date of HPD Training	_____	
dBA 8-hour TWA Noise Exposure Level	_____	
Do you use a hearing aid?	❑ Yes	❑ No

Hearing Test Information		
Frequent or severe dizziness:	❑ Yes	❑ No
Frequent allergy problems:	❑ Yes	❑ No
Cold or flu in the last two weeks?	❑ Yes	❑ No
Any ringing in your ears?	❑ Yes	❑ No
Any family member with hearing loss before age 50:	❑ Yes	❑ No
Are you currently under physicians care for ear problem(s):	❑ Yes	❑ No
Any antibiotics or medication in the last month:	❑ Yes	❑ No
Any previous ear surgery	❑ Yes	❑ No
Current ear ache, ear infections or drainage in:	❑ Left	❑ Right
Past ear ache, ear infections or ear drainage in:	❑ Left	❑ Right
Any exposure to loud explosions	❑ Yes	❑ No
Any head injury causing unconsciousness:	❑ Yes	❑ No
Do you have a second job that is noisy?	❑ Yes	❑ No
Last Exposure to noise	_____	
Do you listen to loud music or play in a band?	❑ Yes	❑ No
Worked at a noisy job previously:	❑ Yes	❑ No
Firearms use: Sport or Military:	❑ Yes	❑ No
Do you use power-driven farm or construction equipment?	❑ Yes	❑ No
Any noisy hobbies? (motorcycles, power tools)	❑ Yes	❑ No
Have you ever had:	❑ Measles ❑ Mumps ❑ Diabetes	❑ Scarlet Fever ❑ Meningitis ❑ High Blood Pressure

Employee's Signature:	**Date:**