

**San Bernardino County Center for Employee Health and Wellness
HEARING QUESTIONNAIRE**

EMPLOYEE NAME: _____
Last First MI

DATE: _____

EMPLOYEE ID/SSN (last six digits only): _____

DATE OF BIRTH: _____

JOB CLASSIFICATION: _____

HOME PHONE: (____) _____

DEPARTMENT/DIVISION: _____

WORK PHONE: (____) _____

1. Have you ever had a hearing test before? YES NO
2. Have you been a member of a Military Service? YES NO If YES, how many years _____ and discharge date _____
3. Have you ever experienced dizziness? YES NO
4. Have you ever experienced noises, fullness or pain in the ears? YES NO
5. Have you ever had fluctuating, sudden or rapid hearing loss? YES NO
6. Have you ever had an ear infection, been to an ear specialist or had ear surgery performed or recommended? YES NO
7. Have you ever had a head injury or unconsciousness or taken mycins, quinine or excessive aspirin? YES NO
8. Did you ever hunt, shoot guns or have any noisy hobbies? YES NO
9. Do you presently or have you ever had a noisy job? YES NO
10. How many years have you been at your present job? _____
11. When was your last noise exposure? _____
12. Do you currently use or previously used hearing protection? YES NO If YES, indicate type used: _____

Description for items checked "Yes" for Questions 1 - 9 above

I certify, under penalty of perjury, that the information given by me is true, correct, and complete, to the best of my knowledge and belief. I understand that any material misstatements or omissions of facts may lead to disciplinary action and/or loss of employment with the County of San Bernardino, either before or after such employment has commenced.

Signature

Date

PERIODIC UPDATES

Date: _____ No Changes Added New Info Changed Current Info Comments: _____

Signature _____

Date: _____ No Changes Added New Info Changed Current Info Comments: _____

Signature _____

Date: _____ No Changes Added New Info Changed Current Info Comments: _____

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