

EMPLOYEE WELLNESS

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HEARING SCREENING FORM

Employee: _____

DOB: _____

Department: _____

Entity: _____

HEARING CRITERIA: OSHA guidelines Standards – 29 CFR

KEY: **Pass:** Average total frequency is less than 25dB at 500, 1000, 2000 Hz

Fail: Average total frequency is greater than 25dB at 500, 1000, 2000 HZ

Screening Date: _____					Recheck Date: _____				
EAR	DB / HL	FREQUENCY Hz			EAR	DB / HL	FREQUENCY Hz		
		500	1000	2000			500	1000	2000
RE					RE				
LE					LE				

Examiner: _____

Examiner: _____

Audiometer: _____

Audiometer: _____

Last Calibration Date: _____

Last Calibration Date: _____

RE: _____ / ___ **P** ___ **F** ___

RE: _____ / ___ **P** ___ **F** ___

LE: _____ / ___ **P** ___ **F** ___

LE: _____ / ___ **P** ___ **F** ___

REMARKS:

_____ Within Normal Limits

_____ Within Normal Limits

_____ Needs Rescreen (within two weeks)

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Resolution of problem: _____

If the employee cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: _____

Pass: _____ Fail: _____

EXAMINER: _____