

University of Florida Speech and Hearing Clinic
435 Dauer Hall
Gainesville, FL 32611
352-392-2041

**Hearing Conservation Program
New Hire Questionnaire**

Name: _____ **UF ID#:** _____

Testing Date & Time: _____ **Date of Birth:** _____

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 canal caps 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)? Y / N If yes, what is it? _____

Were you exposed to noise in the last **14 hours**? Y / N If yes, how long ago? _____

Do you have any family members with hearing loss before age 50? Y / N

If yes, who? _____

Do you use hearing aids? Y / N In which ear? Left/Right/Both

Do you have ringing in your ear(s)? Y / N In which ear? Left/Right/Both

Do you have frequent or severe dizziness? Y / N

Do you have frequent allergy problems? Y / N

Do you have a second job that is noisy? Y / N

Do you have ear pain right now? Y / N

Have you taken any medication or antibiotics in the last month? Y / N

If yes, which ones? _____

Are you under a physician's care for ear problems? Y / N

If yes, explain: _____

Have you ever had ear infections, earaches, or drainage? Y / N

Do you have an earache or drainage now? Y / N

Have you ever had ear surgery? Y / N

Have you ever been exposed to any loud explosions? Y / N

Have you ever had a head injury causing unconsciousness? Y / N

Do you listen to loud music or play in a band? Y / N

Do you operate power-driven farm equipment? Y / N

Do you operate construction equipment? Y / N

Do you shoot or have you shot firearms (sport or military)? Y / N

Do you have any noisy hobbies? Y / N

If yes, what are they? _____

Have you worked at a noisy job(s) before you started working at this job? Y / N

If yes, what job(s): _____

Have you ever had?

Measles Y / N

Scarlet fever? Y / N

Diabetes? Y / N

Mumps Y / N

Meningitis? Y / N

High blood pressure? Y / N

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.

Client's Name (print)

Client's Signature

Date