

# G 20 Supplementary examination NOISE II

Surname \_\_\_\_\_ First name \_\_\_\_\_  
 Address: street \_\_\_\_\_  
 Postcode, town \_\_\_\_\_

Employer \_\_\_\_\_  
 Address: street \_\_\_\_\_  
 Postcode, town \_\_\_\_\_

Initial examination       Follow-up examination       Examination when leaving the job

## Details of workplace

Place of work \_\_\_\_\_  
 Kind of job \_\_\_\_\_  
 Work in noisy areas     mainly                       occasionally                       changes with the job  
 Level of noise exposure     >80-84       85-89       90-94       95-100       >100 dB(A)  
 Peak sound pressure    \_\_\_\_\_ dB(C)  
 The noise is     medium to high frequency                       very low frequency  
 Simultaneous exposures     whole body vibration                       hand-arm vibration  
     ototoxic substances: \_\_\_\_\_  
 Hearing protectors     ear plugs       ear muffs       no answer  
 Type, manufacturer \_\_\_\_\_


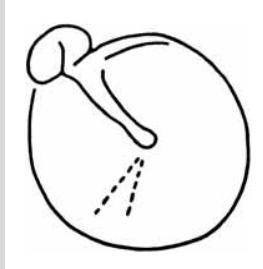
## Anamnesis

1. Duration of noise-free period before the hearing test    \_\_\_\_\_ hours or \_\_\_\_\_  
 2. Previous period of exposure to noise                      at work \_\_\_\_\_ years    other \_\_\_\_\_ kind \_\_\_\_\_  
 3. Ear operation                       no                       yes, in the year \_\_\_\_\_ kind \_\_\_\_\_  
 4. Suspected Menière's disease                       no                       yes  
 5. Recurring inflammation of outer ear?                       no                       yes                      kind \_\_\_\_\_  
 6. Sudden deafness                       no                       yes, in the year \_\_\_\_\_  
 7. Buzzing in the ears                       no                       yes, in the year \_\_\_\_\_  
 8. Subjective loss of hearing                       no                       yes, in the year \_\_\_\_\_  
 9. Genesis and development of the hearing problems, beginning after  
     bang, explosion                       noise of shooting                       skull injury  
     ear operation                       infection                       other: \_\_\_\_\_

## Advice about hearing protection

Hearing protectors present     yes     no                      should go on being used?     yes     no  
 Defects detected    \_\_\_\_\_  
 Use of the following hearing protectors    Type: \_\_\_\_\_    Manufacturer: \_\_\_\_\_

## Otoscopy

external auditory canal							
right		left		ear drum		left	
<input type="checkbox"/> normal	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> normal	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> very narrow	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> central defect	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> moist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> defect at the edge	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> state after an operation	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> not assessable	<input type="checkbox"/>	<input type="checkbox"/>	

