

G 20 Screening test NOISE I

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 minutes

2. For how many years all together have you worked in noisy areas? years

3. Have you had an operation on an ear? I don't know no yes, in the year _____

4. Have you ever had hearing problems together with attacks of dizziness and buzzing in the ears? I don't know no yes, last in the year _____

5. Do you have buzzing in the ears? yes no

6. Do you ever suffer from inflammation in the acoustic canal or on the outer ear? I don't know no yes, in the year _____

7. Have you ever suffered from sudden deafness? I don't know no yes, in the year _____

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: _____

Results	<input type="checkbox"/> right	<input type="checkbox"/> normal	<input type="checkbox"/> left
Inspection of the auricle	<input type="checkbox"/>		<input type="checkbox"/>
and external acoustic meatus	<input type="checkbox"/>	<input type="checkbox"/> abnormal	<input type="checkbox"/>

Evaluation - follow-up examination

Hearing loss at 2 kHz in at least one ear is 40 dB or more? yes

abnormal? yes Increase in the sum of hearing losses within 3 years more than 30 dB? abnormal? yes
Values from last check-up right and left dB dB

yes Calculate sum of hearing losses at 2, 3 and 4 kHz and compare with threshold value (G 20 Table 2) yes
threshold value dB dB

Difference between new and previous results

AC

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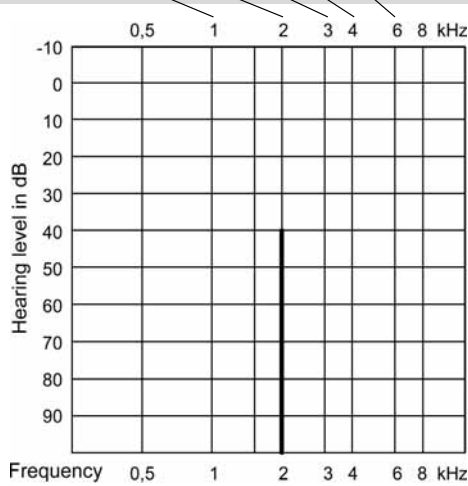
measured values (air conduction)

AC

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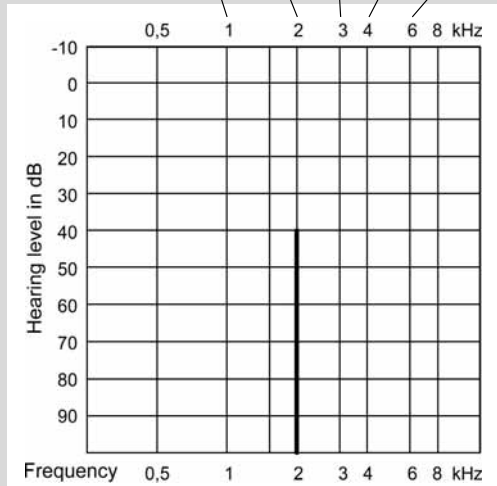
right ear

left ear



Test disturbed by noise

Person gave uncertain responses



Evaluation - initial examination

Measured values

Threshold values from Table 1

Mark values above the threshold!

Comments

Assessment

Previous check-up was on

no concern about health next check-up in ___ months

no concern about health under certain conditions*

* Details _____

Supplementary examination required

Reasons:

- Increase in the sum of hearing losses of more than 30 dB in 3 years
- excessive hearing loss at 2 kHz
- Hearing loss greater than given in Table 1 or 2
- Anamnesis question no. ___
- External ear abnormal

Date, stamp, signature of the physician