# G 20 Supplementary examination NOISE II

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address: street</th>
<th>Postcode, town</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address: street</th>
<th>Postcode, town</th>
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<tr>
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</table>

- [ ] Initial examination  
- [ ] Follow-up examination  
- [ ] Examination when leaving the job

## Details of workplace

<table>
<thead>
<tr>
<th>Place of work</th>
<th>Kind of job</th>
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<tbody>
<tr>
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</table>

- 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

- Hearing protectors: [ ] ear plugs  
- [ ] ear muffs  
- [ ] No answer

## Anamnesis

1. Duration of noise-free period before the hearing test: [ ] hours or [ ] minutes
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
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

<table>
<thead>
<tr>
<th>Use of the following hearing protectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: [ ] __________________________</td>
</tr>
<tr>
<td>Manufacturer: ________________________</td>
</tr>
</tbody>
</table>

## Otoscopy

<table>
<thead>
<tr>
<th>External auditory canal</th>
<th>Eardrum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>Right</td>
</tr>
<tr>
<td>[ ] Normal</td>
<td>[ ] Normal</td>
</tr>
<tr>
<td>[ ] Very narrow</td>
<td>[ ] Central defect</td>
</tr>
<tr>
<td>[ ] Moist</td>
<td>[ ] Defect at the edge</td>
</tr>
<tr>
<td>Left</td>
<td>Left</td>
</tr>
<tr>
<td>[ ] Not assessable</td>
<td>[ ] State after an operation</td>
</tr>
<tr>
<td>[ ] Not assessable</td>
<td>[ ] Not assessable</td>
</tr>
</tbody>
</table>
Evaluation - follow-up examination

Hearing loss at 2 kHz in at least one ear is 40 dB or more? □ yes □ no
Increase in the sum of hearing losses within 3 years more than 30 dB? □ yes □ no
Calculate sum of hearing losses at 2, 3 and 4 kHz and compare with threshold value (G 20 Table 2)

Evaluation - initial examination

Measured values (bone conduction) (air conduction)

Person gave uncertain responses

SISI at 1 dB

right left

kHz %

WEBER at 500 Hz

right med left

Evaluation - follow-up examination

Hearing loss at 2 kHz in at least one ear is 40 dB or more? □ yes □ no
Increase in the sum of hearing losses within 3 years more than 30 dB? □ yes □ no
Calculate sum of hearing losses at 2, 3 and 4 kHz and compare with threshold value (G 20 Table 2)

Assessment

Examination NOISE III necessary □ no □ yes

no concern about health next check-up in __ __ months as screening test supplementary examination

no concern about health under certain conditions next check-up prematurely in __ __ months as screening test supplementary examination

use recommended hearing protection (pto) use of hearing protection to be checked

short-term concern about health for a period of __ __ months long-term concern about health

Reasons:

marked loss of hearing excessive loss of hearing speech audiogram not normal

Menière's disease sudden loss of hearing skull injury

state after an operation disease of the external ear

Date, stamp, signature of the physician