

Boilermaker National Audiometric Testing Program

AUDIOGRAM

INITIAL
RETEST

DATE
YR. MO. DAY

NAME
LAST NAME FIRST NAME MI SEX

D.O.B. IBB Registration No.
YR. MO. DAY

ADDRESS POSTAL CODE

HOME LOCAL PRIMARY OCCUPATION TYPE OTHER

1. Do you have a cold or flu now? NO YES
2. Any change in hearing in the last year? NO YES
If yes, explain
3. Have you had:
Head injury NO YES Earache NO YES
Ringing in ear NO YES Ear infection NO YES
Sinus infection NO YES Dizziness NO YES
4. Have you seen a Doctor for hearing problems? NO YES
Dr. Date
5. Do you wear a Hearing Aid(s)? NO YES
6. Are you exposed to recreational noise? (check all that apply)
 loud music snowmobiles motorcycles
 home workshop farming other

EXPLAIN (HOW OFTEN ETC.)

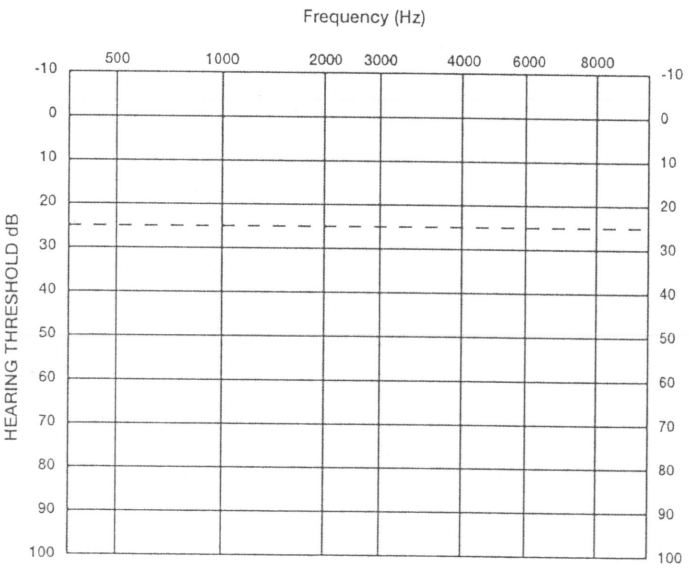
7. Do you hunt or use firearms? NO YES
Which shoulder do you shoot from? Right Left Both
- Left X
Right O

Technician Certification
Make & Model Ser. No. Date Calibrated
Clinic ID

8. Exposure to a loud blast or noise? NO YES
9. Any change in ability to hear conversation or emergency signals?
 NO YES
If yes, explain
10. Are you noise exposed on the job? NO YES
11. Were you noise exposed prior to test?
Was hearing protection worn? NO YES
 PLUGS MUFFS
12. Type of hearing protection?
(check all that apply) NONE CUSTOM

Technicians Comments:

Test Accuracy GOOD FAIR POOR
Ear Canal R: CLEAR & UNOBSTRUCTED BLOCKED
Ear Canal L: CLEAR & UNOBSTRUCTED BLOCKED



INTERPRETATION

| | | | | | | | |
|---|-----|------|------|------|------|------|------|
| | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| L | | | | | | | |
| R | | | | | | | |

INITIAL/BASELINE TEST

 Abnormal
 Early Warning
 Normal

PERIODIC/ANNUAL TEST

 Abnormal Change
 Early Warning Change
 Normal Change

Audiologist Signature:

Member's Consent: I hereby authorize the IBB and/or the Boilermakers' National Health and Welfare Plan (Canada) to release to my employer(s) information regarding my industrial hearing screening categorization; however my actual audiogram will not be released to an employer(s) unless there is a legislative requirement to release this information, and/or the information is required for an adjudication of a hearing loss or related claim before a workers' compensation tribunal. The IBB and the Boilermakers' National Health and Welfare Plan comply with all applicable privacy and employment-related provincial statutes.

I have received a hearing test and the results have been explained.

MEMBER SIGNATURE