

Boilermaker National Audiometric Testing Program

INITIAL
RETEST

AUDIOGRAM

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 Apprentice Rigger/Fitter
 Welder Shop OTHER

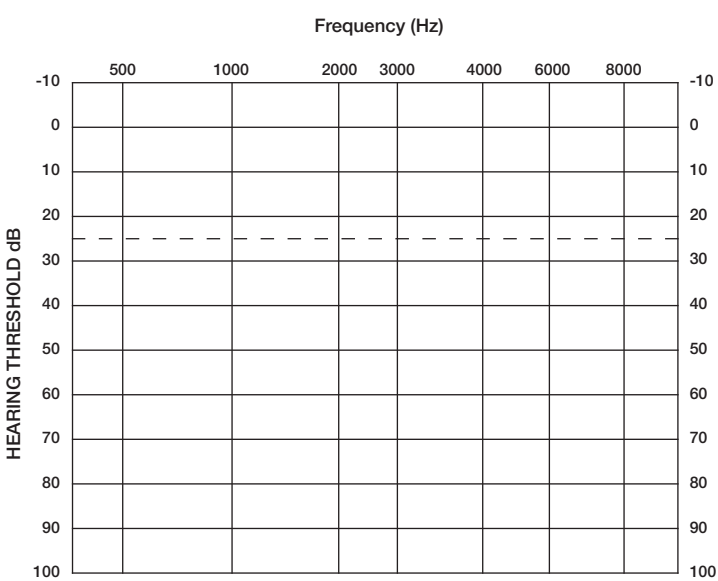
1. Do you have a cold or flu now? NO YES
2. Any change in hearing in the last year? NO YES
If yes, explain
3. Have you had:
Head injury NO YES Earache NO YES
Ringing in ear NO YES Ear infection NO YES
Sinus infection NO YES Dizziness NO YES
4. Have you seen a Doctor for hearing problems? NO YES
Dr. Date
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
Employee 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? NO YES
Was hearing protection worn? NO YES
12. Type of hearing protection? PLUGS MUFFS
 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
 Medical Referral

PERIODIC/ANNUAL TEST

Abnormal Change
 Early Warning Change
 Normal Change
 Medical Referral

Hearing Professional Signature: _____

Member's Consent: I consent to the audiometric testing and understand that all information will be held in strict confidence by the IBB and/or the Boilermakers' National Health Plan (Canada) (the "Plan"), in accordance with the guidelines set forth by the Alberta *Personal Information Protection Act* or applicable privacy statutes. I authorize IBB and the Plan to release information pertaining to my audiometric test only as required by the applicable workplace health and safety or worker compensation statutes. The IBB and the Plan will comply with all applicable privacy and employment-related provincial statutes.

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