

Audiometry Test Record

Employee Details

Employee Name*: _____

Employee ID*: _____

Department: _____

Position: _____

Date of Birth: _____

Test Information

Test Date*: _____

Test Location*: _____

Audiometer Model/Series: _____

Audiometer Calibration Date: _____

Employee avoided loud noise for 14 hours prior

Audiogram Threshold Results

Audiogram Thresholds:

Frequency (Hz)	Left Ear (dB HL)	Right Ear (dB HL)

Options for 'Frequency (Hz)': 500, 1000, 2000, 3000, 4000, 6000, 8000, Other

Follow-Up

Significant threshold shift detected*: _____ > Options: No, Yes, Pending review

Recommended Actions / Comments:

Referred to Specialist

Next Scheduled Review Date: _____