

NOISE AND AUDIOMETRIC SURVEILLANCE QUESTIONNAIRE

The purpose of the questionnaire is to assess whether you have any health problems that may affect your ability to undertake the duties of your role or place you at any risk in the workplace. OHS will make recommendations to the University regarding adjustments or modifications required to your role as a result of this assessment. Our aim is to promote and maintain the health of all people at work.

Full Name:		DOB & Age:	
Place of Work: (School & Dept)		Occupation:	
Birth Gender Male / Female:		Date & Time:	
Length of Employment:		Line Manager:	

Conditions	YES	NO	Details
Have you had ear trouble as a child or adult? Infection Discharge Wax Deafness Injury Operation			
Is there a history of deafness in your family?			
Have you suffered any of the following? Measles Mumps Chicken Pox Scarlet Fever Meningitis Diphtheria Head injury			
Do you suffer from noises in your head or ears?			
Do you suffer from dizziness?			
Do you take any medication?			
Do you have a hobby that involves noise?			
Have you been exposed to gunfire as a hobby or professionally?			
Do you regularly attend pubs / clubs or use a personal music device with head/earphones			
Have you been exposed to undue noise within the last 48 hours?			
Have you had a hearing test before?			

