|  |
| --- |
| **C O N F I D E N T I A L**  Form to be completed for baseline assessments and annually if worker is enrolled in the Petroleum Deepwater (WEL) Hearing Conservation Program. Email completed form to [Health@petroleumdeepwater.com](mailto:Health@petroleumdeepwater.com) for upload to Cority. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This section to be filled out by the worker and reviewed by the Examining Health Care Professional** | | | | | | | | | | | | | | | | | |
| **Part A: Personal Information** | | | | | | | | | | | | | | | | | |
| Last Name: Click or tap here to enter text. | | | | | | | | | | | | First Name: `Click or tap here to enter text. | | | | | |
| Nickname: Click or tap here to enter text. | | | | | | | | | | | | Address: Click or tap here to enter text. | | | | | |
| Date of Birth: Click or tap to enter a date. | | | | | | | | | | | | City: Click or tap here to enter text. | | | | State: Click or tap here to enter text. | |
| Sex: Male  Female | | | | | | | | | | | | Postal / Zip Code: Click or tap here to enter text. | | | | Country: Click or tap here to enter text. | |
| Employer: Click or tap here to enter text. | | | | | | | | | | | | Phone No.: Click or tap here to enter text. | | | | | |
| Location: Click or tap here to enter text. | | | | | | | | | | | | Email: Click or tap here to enter text. | | | | | |
| Supervisor: Click or tap here to enter text. | | | | | | | | | | | | Job Title: Click or tap here to enter text. | | | | | |
| **Part B: Hearing Self-Evaluation** | | | | | | | | | | | | |  | | | | |
| How would you rate your hearing? | | | | | | | | Left Ear:  Excellent  Average  Poor | | | | | | | | | |
| Right Ear:  Excellent  Average  Poor | | | | | | | | | |
| **Part C: Exposure & Hearing Protection** | | | | | | | | | | | | |  | | | | |
|  | | Description | | | | | | | | | | | Type of hearing protection worn | | | | |
|  | |  | | | | | | | | | | None | Plugs | Muffs | Details (dates, duration & severity) | | |
|  | | Worked in noisy job previously | | | | | | | | | |  |  |  | Click or tap here to enter text. | | |
|  | | Noisy hobbies (e.g., hunting/shooting, loud music, power tools, etc.) | | | | | | | | | |  |  |  | Click or tap here to enter text. | | |
|  | | Military Service (dates): Click or tap here to enter text. | | | | | | | | | |  |  |  | Click or tap here to enter text. | | |
|  | | Other (include dates & details): Click or tap here to enter text. | | | | | | | | | |  |  |  | Click or tap here to enter text. | | |
| Type of hearing protection used at WEL work location | | | | | | | | | | | | Ear plugs only  Ear muffs only  Both ear plugs and ear muffs | | | | | |
| Part D: Case History | | | | | | | | | | | | | | | | | |
|  | | | | | | | Left | | | Right | Both | Details | | | | | |
| Excessive ear wax | | | | | | |  | | |  |  |  | | | | | |
| Ringing in ears | | | | | | |  | | |  |  |  | | | | | |
| Use a hearing aid | | | | | | |  | | |  |  |  | | | | | |
| Prior ear injury / surgery / infection | | | | | | |  | | |  |  |  | | | | | |
| Ear problems when using hearing protection | | | | | | |  | | |  |  |  | | | | | |
|  | | | Have you been exposed to any loud noise in the past 14 hours (explain)? Click or tap here to enter text. | | | | | | | | | | | | | | |
|  | | | Head cold / sinus / allergy problem today | | | | | | | | | Details (explain any checked responses, including dates & duration)  Click or tap here to enter text. | | | | | |
|  | | | Dizziness or vertigo | | | | | | | | |
|  | | | Head injury / unconsciousness | | | | | | | | |
| **Worker Declaration** | | | | | | | | | | | | | | | | | |
| Yes  No | | | | I certify the above information is complete and accurate to the best of my knowledge and authorize the release of this form and my hearing test results to Petroleum Deepwater (WEL).  Personal medical information obtained by Petroleum (WEL) is managed in accordance with relevant statutory or regulatory requirements. | | | | | | | | | | | | | |
| Printed Name: | | | | | Click or tap here to enter text. | | | | | | | | Date: | | Click or tap to enter a date. | | |
| Signature: | | | | |  | | | | | | | | | | | | |
| **C O N F I D E N T I A L** | | | | | Print Form | | | Worker Name: Click or tap here to enter text. | | | | | | | | Date: Click or tap to enter a date. | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This section to be filled out by the Health Care Professional** | | | | | | | | | | | | | | | | | | | | | | |
| **Test Details** | | | | | | | | | | | | | | **Audiometer** | | | | | | | | |
| Test Date & Time: Click or tap here to enter text. | | | | | | | | | | | | | | Make/Model & Serial No.: Click or tap here to enter text. | | | | | | | | |
| Technician’s Name: Click or tap here to enter text. | | | | | | | | | | | | | | Annual Calibration Date: Click or tap to enter a date. | | | | | | | | |
| For external providers attach:   * Technician certification/training records to perform audiometric test (eg CAOHC training certificate) * Audiometric calibration records | | | | | | | | | | | | | | | | | | | | | | |
| **Test Type** | | | | |  | |  | | |  | | |  | | | | | | | | | |
| Baseline  Annual / Periodic  Retest | | | | | | | | | | | | | Pre/Post employment  Exit | | | | | | | | | |
| **Otoscopic Examination** | | | | |  | |  | | |  | | |  | | | | | | | | | |
| Otoscopic examination completed  Yes  No  Otoscopic examination notes: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Left** | | | | **Right** | | | **Both** | | | Please detail any findings | | | | | | | |
| Abnormal | | | | |  | | | |  | | |  | | | Click or tap here to enter text. | | | | | | | |
| Blockage | | | | |  | | | |  | | |  | | | Click or tap here to enter text. | | | | | | | |
| Surgery / Scarring | | | | |  | | | |  | | |  | | | Click or tap here to enter text. | | | | | | | |
| Excessive Ear Wax | | | | |  | | | |  | | |  | | | Click or tap here to enter text. | | | | | | | |
| **Audiogram (enter hearing threshold levels in decibels (dB) below or attach audiogram report)** | | | | | | | | | | | | | | | | | | | | | | |
| Left Ear | | | | | | | | | | | | | | Right Ear | | | | | | | | |
| **500** | **1000** | **2000** | **3000** | **4000** | | | | **6000** | | | **8000** | | | **500** | | **1000** | **2000** | | **3000** | **4000** | **6000** | **8000** |
|  |  |  |  |  | | | |  | | |  | | |  | |  |  | |  |  |  |  |
| Please detail any findings  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **Audiometric Health Care Professional Information** | | | | | | | | | | | | | | | | | | | | | | |
| Name (print): Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Clinic Name: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | City: Click or tap here to enter text. | | | | |
| State/Province: Click or tap here to enter text. | | | | | | Postal / Zip Code: Click or tap here to enter text. | | | | | | | | | | | | Country: Click or tap here to enter text. | | | | |
| Signature: | | | | | | | | | | | | | | | | | | Date (mm/dd/yyyy): Click or tap to enter a date. | | | | |

|  |
| --- |
| **Worker enrolled in Hearing Conservation (Petroleum Deepwater (WEL) internal use only)** |
| Review response to hearing protection used at Petroleum Deepwater (WEL) work location in Part C:   * If plugs or plugs & muffs selected   + Check Cority for last hearing fit test: date completed and passed: Click or tap here to enter text.   + If date exceeds 12 months trigger new test. * If muffs are used observe worker wearing ear muffs and check seal: Good seal confirmed  Yes  No   If good seal is not achieved   * + provide education and re-check seal   + If still unable to achieve a good seal, provide worker with new earmuffs and re-check seal.   + If still unable to achieve a good seal, worker must use earplugs and complete a hearing fit test. |