

WORK-RELATEDNESS DETERMINATIONS

Company:	City:	State:
Name:		DOB:
Job Title:	Noise Exposure Level (TWA): <input type="checkbox"/> check here if unknown	
Annual test date:	Retest date:	
Possible Recordability for which ear:	<input type="checkbox"/> Right ear <input type="checkbox"/> Left ear <input type="checkbox"/> Both ears	

DOCUMENTATION required from company

WR Questionnaire	
Hearing screening history	
Job history with hrs/day	
TWA of each job held	
Chemical exposure	
Hearing protector use	
Fit checks done	