**Initial Noise Health Surveillance Questionnaire**

**PART 1**

|  |
| --- |
| Surname: Mr/Mrs/Miss/Ms/Dr/Prof/Other: |
| First names: Date of Birth: |
| Job title: Supervisor: |
| Department: Work tel: |
| Start Date: Email: |
| Status: Research staff/Technical staff/Undergraduate/Postgraduate/Academic Visitor/Other |
| GP Surgery: |

Under the Noise at Work Regulations (2005), Occupational Health (OH) undertake health surveillance for all University Staff that, following risk assessment, have been identified as likely to be regularly exposed to noise above the Upper Exposure Action Value (EAV) of 85db and/or where exposure is between the lower (80db) and upper EAV if the individual has been identified as particularly sensitive to noise/NIHL and therefore registered on our health surveillance programme.

**Data Protection Information**

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

**A) Medical History**

Do you consider your hearing to be?

Left ear **Good / Fair / Poor**

Right ear **Good / Fair / Poor**

**(Please circle Yes or No) Please provide details if answer is yes**

|  |  |  |
| --- | --- | --- |
| Do you wear a hearing aid? | Yes | No |
| Have you ever suffered any injury or trauma to your ears? | Yes | No |
| Have you suffered earache, discharging ears or other ear disease as a child or adult? | Yes | No |
| Is there any ear disease or deafness in your family? | Yes | No |
| Have you ever suffered head injury / concussion / unconsciousness? | Yes | No |
| Do you or have you ever had ringing / buzzing / noise (tinnitus) in your ear / head? | Yes | No |
| Do you suffer from dizziness / giddiness? | Yes | No |
| Do you or have you ever had any exposure to ototoxic drugs or solvents e.g. Streptomycin, Otosporin, Quinine, Tolene? | Yes | No |
| Do you or have you ever had any exposure to gunfire/blasts/explosions (past or present)? | Yes | No |
| Do you have any noisy hobbies e.g. motor sports/motorcycle riding/DIY/discos/concerts/loud music/shooting/other? **(If yes, frequency/duration?)** | Yes | No |
| Have you ever had wax removed from your ears? When was the last time? | Yes | No |
| Do you hear better or worse in noise? Better/Worse **(please circle)** | Yes | No |
| **B) Current noise exposure (please circle the answer where applicable)** | | |
| Does your job expose you to high levels of noise? | Yes | No |
| Please list noisy equipment/machinery to which you are exposed and give details of dB level if known | | |
| How many hours per day are you exposed to noise (if your job is very varied consider how many hours per week? | | |
| Do you have to shout to make yourself heard at a distance of 10 feet/3 meters away? | Yes | No |
| During your routine work is hearing protection Optional/Compulsory **(please circle)** | | |
| Do you wear hearing protection?  If yes, what do you wear? Please list e.g. ear plugs / ear defenders | Yes | No |
| If hearing protection is compulsory, do you wear it always/sometimes/never? **(Please circle)** | | |
| Have you been exposed to noise within the last 48 hours? If yes, give details | Yes | No |
| Did you wear hearing protection before your hearing test? If yes, give details | Yes | No |

**C) Previous noise exposure**

Include past noisy jobs where you have had to shout to be heard. **(Please circle Yes/No)**

|  |
| --- |
| **Company:**  **Job:**  **Dates:** |
| Ear protection provided? Yes No Details |
| Ear protection worn? Yes No Sometimes? |
| Health Surveillance? Yes No |
| **Company:** **Job:** **Dates:** |
| Ear protection provided? Yes No Details |
| Ear protection worn? Yes No Sometimes? |
| Health Surveillance? Yes No |
| **Company:** **Job:**  **Dates:** |
| Ear protection provided? Yes No Details |
| Ear protection worn? Yes No Sometimes? |
| Health Surveillance? Yes No |
| **Company:** **Job:**  **Dates:** |
| Ear protection provided? Yes No Details |
| Ear protection worn? Yes No Sometimes? |
| Health Surveillance? Yes No |
| **Company:** **Job:**  **Dates:** |
| Ear protection provided? Yes No Details |
| Ear protection worn? Yes No Sometimes? |
| Health Surveillance? Yes No |

Please continue on a separate sheet if necessary

**Part 2 – For OH Use (Initial Noise Health Surveillance Questionnaire)**

**Name: DOB: Date: Time:**

**Otoscopic Examination (Please circle Yes or No)**

|  |
| --- |
| Wax in auditory canal? Left: Yes / No Right: Yes / No |
| (<50% of tympanic membrane visible) Left: Yes / No Right: Yes / No |
| Exudate in auditory canal? Left: Yes /No Right: Yes /No |
| Tympanic membrane Left: normal scarred perforated not visible |
| Right: normal scarred perforated not visible |
| Comments: |

**Results:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KHz** | **1+2+3+4+6** | | **Within 3 years**  **3+4+6**  **>30dB (RHL)** | | | | **1+2+3+4**  **>40dB (UHL)** | |
| **Ear** | **L** | **R** | **L** | | **R** | | **L** | **R** |
| **Sum** |  |  | **current** | **Previous**  **<3yrs** | **current** | **Previous**  **<3yrs** |  |  |
| **Cat.** |  |  |  | |  | |  | |
| **Result** |  | |  | | | |  | |
| **Action** |  | |  | | | |  | |

**Advice given to individual:**  **(Please circle)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Within normal limit | Yes | No |  |
| OHT/CN/OHA to discuss with OHM/OHP | Yes | No |  |
| Advised to see GP | Yes | No |  |
| For wax removal/information provided | Yes | No |  |
| Wear hearing protection | Yes | No |  |
| HSE Noise (INDG363(rev2) leaflet given | Yes | No |  |
| Copy of hearing test given to individual | Yes | No |  |

**Outcome:** **(Please circle)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Repeat test | Yes | No |  |
| OHP appointment | Yes | No |  |
| Annual Surveillance | Yes | No |  |
| Annual Enhanced Surveillance | Yes | No |  |
| 3 yearly surveillance | Yes | No |  |
| Letter code | | | |
| **Date next surveillance due:** | | | |

In accordance with the Control of Noise at Work Regulations 2005, a noise risk assessment has been performed and health surveillance deemed necessary to monitor hearing. I understand that the noise health surveillance questionnaire and hearing tests are part of a hearing conservation programme and I consent to my supervisor/DSO being informed of the overall results of my hearing tests.

**Employee signature: Date:**

**OHT/CN/OHA signature: Stamp:**

Name:……………………………………………………… DOB:……………….

**Comments:**

|  |  |
| --- | --- |
| Date and time |  |