



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	