U.S. DOD Form dod-af-af-1753

HEARING CONSERVATION EXAMINATION

(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)

(Instructions - complete the information in the lower right corner of the form. Answer all questions in section I only. Enter your signature after you have been informed of the results of your hearing test.)

SECTION I - AUDIOMETRIC CASE HISTORY | DATE

1. What kind of hearing test are you getting today? ☐ REFERENCE ☐ ANNUAL ☐ TERMINATION ☐ OTHER *(specify)*

	YES	NO	DON'T KNOW
2. Have you been exposed to loud noise in the last 15 hours?			
3. Do you have any difficulty hearing:			
A. Warning bells or sirens?	*		
B. Over The Phone?	*		
C. In Noisy Rooms?	*		
D. Normal Speech?	*		
4. Is your hearing getting worse?	*		
5. Is one ear better than the other?	*		
6. Does your hearing frequently change?	*		
7. Do you now have:			
A. A hearing loss of any kind?	*		
B. A hearing aid?	*		
C. Pain in your ears?	*		
D. An ear infection?	*		
E. Drainage from ears?	*		
F. Trouble with wax in your ear?	*		
G. Trouble wearing ear plugs?	*		
H. Pressure in ears?	*		
8. Have you ever had			
A. Ear surgery?	*		
B. Allergies?			
C. Measles?			
D. Mumps?			
E. Diabetes?			
F. Sinus Problems?			

	YES	NO	DON'T KNOW
G. Frequent ear infections?			
H. Ringing in ears?			
I. Dizziness?			
9. Have you ever been removed from a job or denied a job because of your hearing?	*		
10. Have you ever been restricted from exposure to noise *(Even temporarily)* because of your hearing?	*		
11. Do you now have, or have you ever had repeated exposures to noise from			
A. Snowmobiles?			
B. Motorcycles?			
C. Loud Music?			
D. Firearms?			
E. Farm Equipment?			
F. Construction Equipment?			
G. Chain Saws?			
H. Power Tools?			
12. What kind(s) of hearing protection do you have?			
A. None			
B. Single Flange Plugs			
C. Triple flange plugs			
D. Foam plugs			
E. Ear muffs			
G. Other			
13. Do you need new ear plugs?			

CERTIFICATION OF PATIENT/EXAMINER'S SIGNATURE

I certify that I have read the information in the above case history. It is accurate to the best of my knowledge, and I acknowledge having been informed of my hearing test results and understand the requirement to wear hearing protection when exposed to hazardous noise.

PATIENT'S SIGNATURE | EXAMINER'S SIGNATURE

AUDIOGRAM RESULT | PROFILE: ☐ H-1 or BETTER ☐ H-2 OR WORSE | CHANGE: ☐ STABLE ☐ STS *

SECTION II - CLINICAL EXAMINATION *(Completed by provider)*

* A clinical examination and/or more detailed history must be performed by a provider if an asterisked response is checked.

☐ REQUIRED ☐ NOT REQUIRED | DATE

INSPECTION/EVALUATION	NORMAL	ABNORMAL	NOT EXAMINED
OUTER EARS (Pinnas)			
EAR CANALS			
TYMPANIC MEMBRANES			
MIDDLE EAR			
EUSTACHIAN TUBE FUNCTION			
NOSE			
THROAT			

REMARKS

DISPOSITION					
		CLEAR FOR DUTY		PERFORM FITNESS AND RISK EVALUATION	PROVIDER'S SIGNATURE
		REFER FOR EARPLUG FITTING		OTHER *(Specify)*	

PATIENT IDENTIFICATION

PATIENT'S NAME

SSN | GRADE/RANK | AGE

ORGANIZATION

PAS CODE

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