

## **Audiometric Testing and Training Form**

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Department: \_\_\_\_\_

Have you been exposed to noise in the past 14 hours: \_\_\_\_\_ yes \_\_\_\_\_ no

Do you wear hearing protection? \_\_\_\_\_ yes \_\_\_\_\_ no

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