

DETAILED HEARING CONSERVATION DATA FOLLOW-UP

ZIP CODE/APO

STATUS

1 - ACTIVE

2 - RESERVE

3 - NATIONAL GUARD

4 - CIVILIAN

5 - OTHER

PERSONAL DATA

SSN

NAME (Last, First, Middle Initial)

SEX

1 - MALE

2 - FEMALE

DATE OF BIRTH (Year, Month, Day)

PAY GRADE (E-3, GS-4, 0-5, WG-10, etc.)

AFSC

MAILING ADDRESS OF ASSIGNMENT

LOCATION - PLACE OF WORK

MAJOR COMMAND

DUTY PHONE

AUDIOMETRY¹

DETAILED FOLLOW-UP (DFU) NO. 1

HOURS SINCE LAST NOISE EXPOSURE

1 - NO

2 - YES

HEARING PROTECTION WORN DURING EXPOSURE

AUDIOMETRIC DATA
RE: ANSIS3.6

LEFT

RIGHT

500

1000

2000

3000

4000

6000

500

1000

2000

3000

4000

6000

CURRENT AUDIOGRAM DATE
(year, month, day)

40 HOUR NFA (year, month, day)

THRESHOLD SHIFT

+ = POORER - = BETTER

Threshold shift of 15dB or more at any frequency, either ear, is considered significant.

Significant threshold shift (STS)

1 - NO 2 - YES

STS YES

1 - Medical referral required prior to followup No. 2
2 - If person is removed from noise duty, note this action under remarks, send copy to registry and place original in health record.

STS NO

1 - Return to duty
2 - Retain this form
3 - Retest in 3 months

EXAMINER

NAME (Last, First, Middle Initial)

SSN

AFSC

OFFICE SYMBOL

AUDIOMETER

TYPE

1 - MANUAL

2 - SELF-RECORDING (auto)

3 - MICROPROCESSOR

DETAILED FOLLOW-UP (DFU) NO. 2

HOURS SINCE LAST NOISE EXPOSURE

1 - NO

2 - YES

HEARING PROTECTION WORN DURING EXPOSURE

AUDIOMETRIC DATA

LEFT

RIGHT

500

1000

2000

3000

4000

6000

500

1000

2000

3000

4000

6000

CURRENT AUDIOGRAM DATE
(year, month, day)

40 HOUR NFA (year, month, day)

THRESHOLD SHIFT

+ = POORER - = BETTER

Threshold shift of 15dB or more at any frequency, either ear, is considered significant.

Significant threshold shift (STS)

1 - NO 2 - YES

STS YES

1 - Medical referral to consider permanent removal from duties in noise
2 - Send copy to registry
3 - Place original in health record

STS NO

1 - Return to duty
2 - Send copy to registry
3 - Place original in health record

Establish new reference on DD Form 2215 from:

Interim Reference
 Other (Specify in Remarks)

EXAMINER

NAME (Last, First, Middle Initial)

SSN

AFSC

OFFICE SYMBOL

HEARING CONSERVATION CERTIFICATE NO.

AUDIOMETER

TYPE

1 - MANUAL

2 - SELF-RECORDING (auto)

3 - MICROPROCESSOR

REMARKS (Use reverse if more space needed)

CONTENTS REVIEWED AND VALIDATED BY

NAME OF REVIEWER

AFSC

AUTOVON

SSN

OFFICE SYMBOL

¹ Interim reference: extracted from 40 hr audiogram that validated significant threshold shift. the above audiograms are intended for 3rd and 6th month intervals.