

AUDIO TESTING SOFTWARE USER GUIDE



DOEHR5-HC



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GENERAL INFORMATION

This User Guide is presented for training and as a future reference.

Contact your Regional Audiologist or their representative for clarification and further guidance if there are any inconsistencies between this guide and your test site processing.

Figures (screen shots) throughout this guide may differ slightly from your desktop depending on the Operating System, DOEHRS-HC software version/update and the audiometer set up. Functions are similar.

The word **Training** is in many of the fields throughout this guide and in the training databases. Do not use “training” at the active testing site when testing actual patients.

Each chapter builds on previous chapters, information, practicums and/or final practical exam. It is very important that you do not miss any classes.

DOEHRS-HC software (user/password-restricted) is a storage database for administrative documents and patient data. Fill out all sub-fields (Examiner, UIC, Audiometer, and Listener) correctly or the number of tests conducted will multiply data entry errors. When discussing DOEHRS-HC we are talking about the software application on the local computer; DOEHRS-DR (Data Repository) is the web-based application. Recommend using the tab (not mouse) when inputting data in DOEHRS-HC until familiar with DOEHRS-HC data entry, so that every required field will be fill out. Previous drop down window selections will affect upcoming drop down choices.

The CCA-200 software is integrated within the DOEHRS-HC software and is used for audio testing only. Prior to retrieving data from the CCA-200 to DOEHRS-HC, review the threshold levels for accuracy and retest frequencies that you suspect have issues and/or problems.

UIC Locator is a database of UICs from DMDC. Most patients will not know what their UIC is. Get enough information so you can find, enter and/or select the correct UIC for the patient. The Unit Identification Codes (UIC) drives most Hearing Conservation Program Reports. Use the Defense Manpower Data Center (DMDC) file as the source document for UICs.

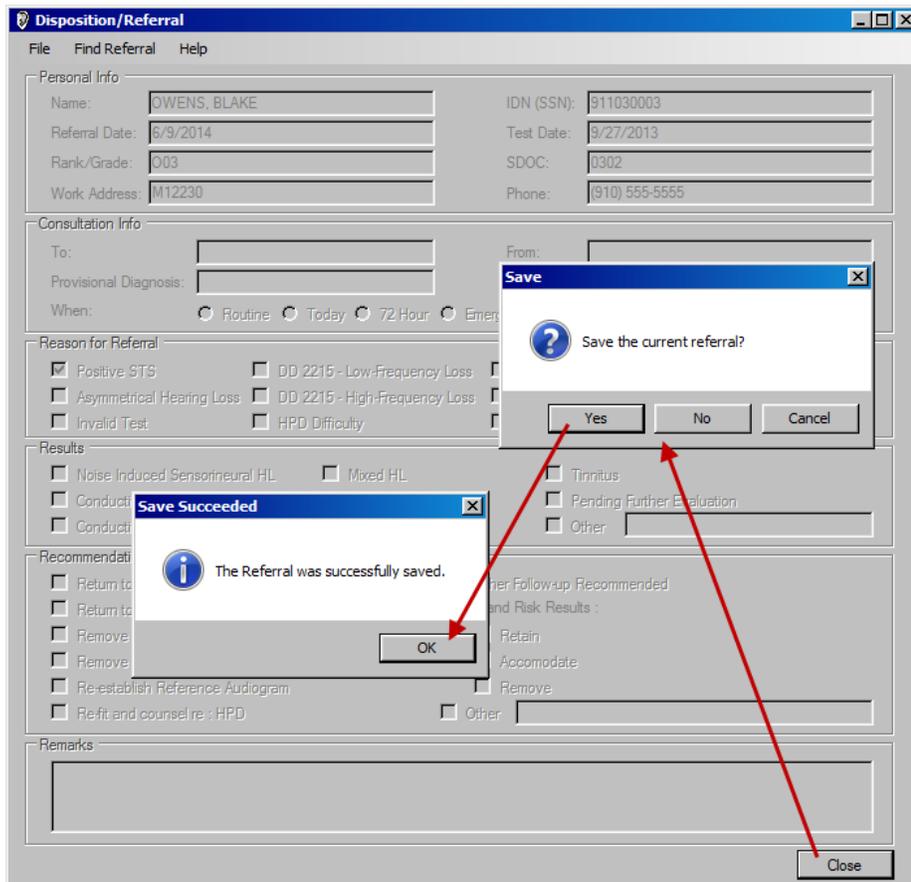
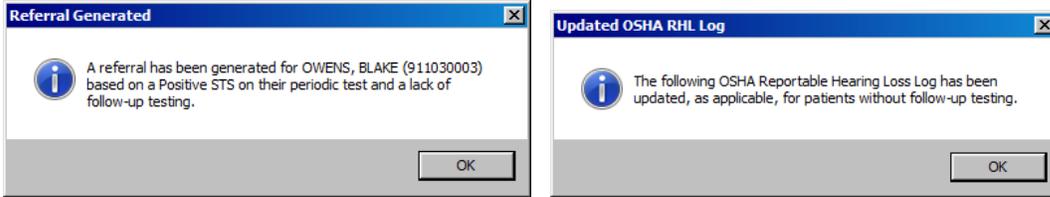
Ensure the sound volume on your computer is set at an acceptable level for your patients (single left click on speaker icon on the tool bar and adjust the volume). The instructions are in a wave file. Ensure the wave file on the Master Volume Control is not muted (double left click on the speaker icon on the tool bar).

Ensure power to the audiometer is off when disconnecting/connecting the audiometer to the computer.

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Everyday when the DOEHS-HC application is initially opened, referrals may have been created in you local database due to non-return of patients requiring follow-up testing. Positive STSs change to a Permanent STSs if follow-up testing is not conducted within the service specific timelines. These timelines may be 30, 60 or 90 days (depending on DoD and Service Component) to complete their follow-up testing on positive STS periodic tests. You will need to go though the following series of pop-up windows with each of these patients. **Referral generated 'OK', Save the referral 'YES', Referral was saved 'OK',** Referral will only appear once at application start-up, ensure you save the referral.



DOEHRS-HC USER ACCOUNT

Class 20 minutes/Practicum 10 minutes

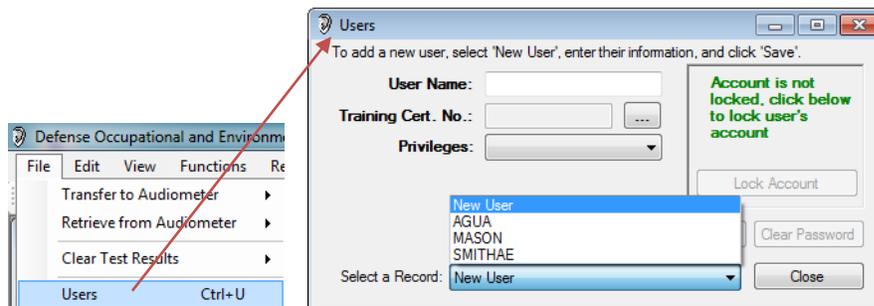
This lesson describes the steps necessary to add yourself as an active user with Hearing Conservation Program Manager (HCPM) privileges into the DOEHRs-HC software. A user with HCPM privileges needs to be logged into DOEHRs-HC in order to add new users. Only authorized certified technicians can perform audio testing and they are required to test under their user identity. Add your user identity into each DOEHRs-HC database (Testing Site) where you will perform audio testing.

DO NOT CREATE OR HAVE INVALID (Backdoor) USER IDENTITIES IN DOEHRs-HC FOR ANY REASON.

Open DOEHRs-HC software training database with User ID: **SMITHAE** (local HCPM privileged user). Press OK, User SMITHAE does not have a password. **DO NOT ENTER a password in the Login window.** Password is case sensitive. For training purposes, enter **Qwerty1234567890_** into the Change Password window.

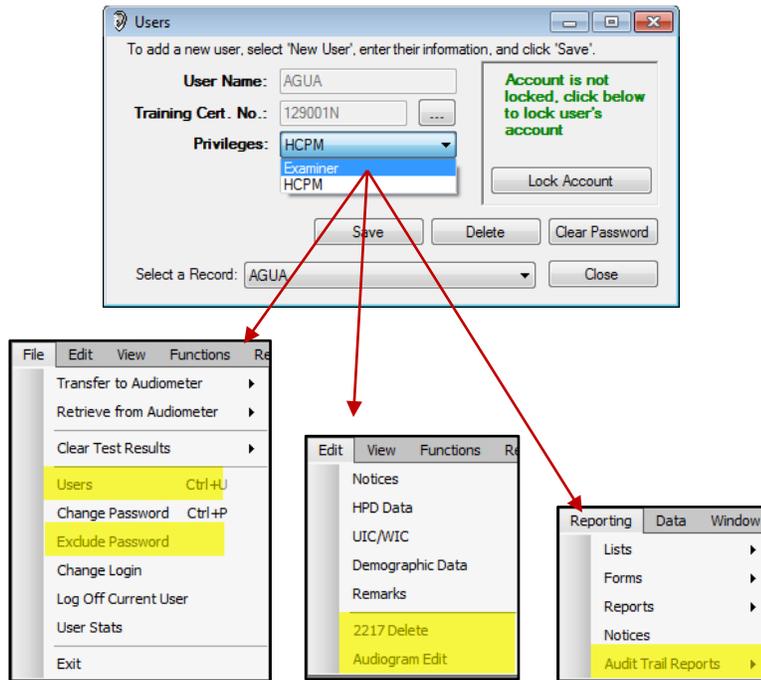


Initializing Audiometer Hardware window and several additional pop-up windows may appear when the application opens, read and become familiar with them. To add an “active user” into an existing database go to **File>Users**.



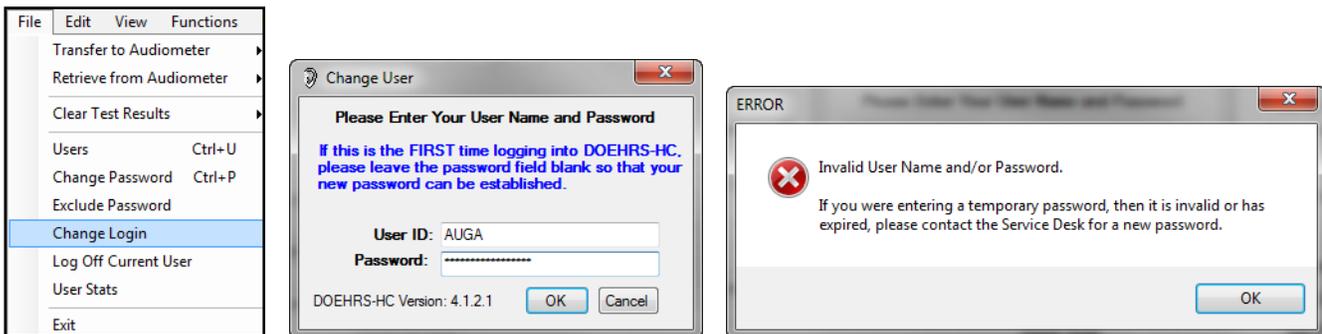
The User window will appear. Several functions happen in this window. **Lock and unlock** individual accounts; **Add and delete (deactivate) user** accounts; **User privilege selection** (HCPM or Examiner) **USN users will select or be entered as HCPM**; **Clear passwords** (case sensitive/require change every 60 days); active users in the drop down window. **Students: add yourself as a new user: in the Select a Record drop down window select “New User”**. Recommend you get a DOEHRs-DR account (user name issued) prior to adding yourself into the local DOEHRs-HC system, you could then select the same user name that the DR will issue you.

Following is a User with Examiner Privileges. Observe the restricted areas (grayed out and highlighted) if a user is entered in DOEHRs-HC with examiner privileges.

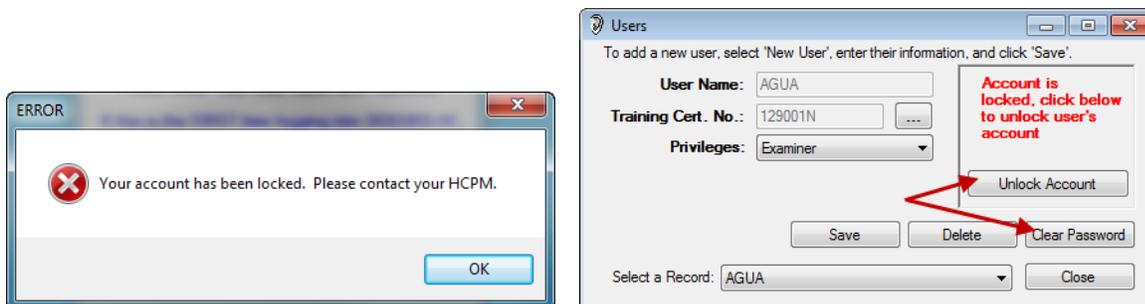


You need to apply for a DR User account with your CAC. Once your DR user account is approved DOEHRSHC (if connected to the network) will communicate directly to the DOEHRSH-DR via your CAC thru the software. You will need this access (connected to the net or not) to conduct monthly updates, upload records, DR Inquires, etc.

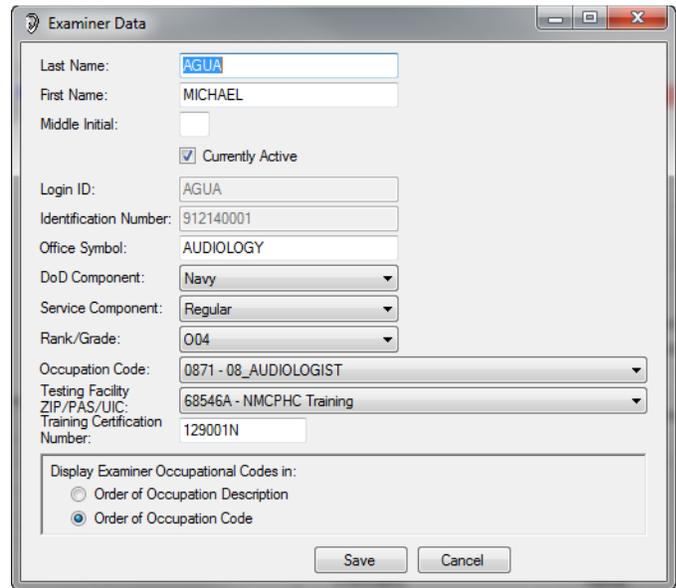
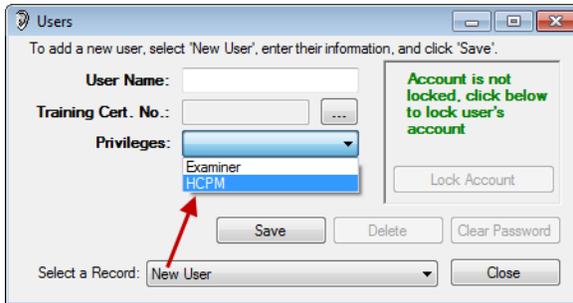
To change Login without closing DOEHRSH-HC Go to File>Change Login



The DOEHRSH-HC software will lock your account if you try to open the software 3 times with an incorrect password, including if you enter a password on a “cleared/blank password” or if you close/reopen the application. If you lock yourself out, get another HCPM to log in and unlock your account. Go to the User window; find the locked user identity press **Unlock Account** to unlock/clear password. You can also contact the MHS help desk (CONUS = 1-800-600-9332; OCONUS = 1/866/637/8725) to get a password which will allow one time access into DOEHRSH-HC.



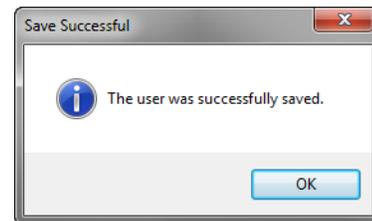
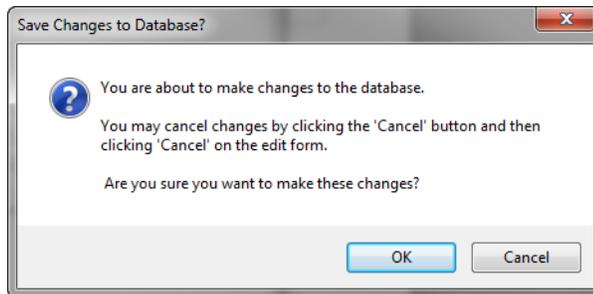
For training purposes, enter your last name (uppercase) as your User Name. Select HCPM as your privilege. Click on the “3 dot” icon next to the Training Cert. No field. The Examiner data window will appear.



Fill out your personal information correctly, enter your personal information (name/SSN); proper name, example: Joseph, not Joe, J, Joey, correct SSN, etc. Enter Training for the office symbol.

Testing facility is: 68546A (NMCPHC Training)

The field that will change for each test site is the Testing Facility UIC (where the audio testing booth is located). Enter training certification number **1589xxN**. xx = student number given to you by the instructor 01, 02, 03 etc. The N is required to be uppercase and stands for a Navy sponsored training course (does not matter what service you belong to). Once complete press “Save”.



Look in the Select a Record drop down window to display the active users. Previously displayed were three active users in the database. **How many active users are in your database?** _____

If you are going to input a DD Form 2215 for an audiologist, get all their examiner data (personal information) prior to entering them as users into the database. Get their full name (spelling); SSN, DOEHRs-HC certification number, grade, testing location, etc Audiometer information with model, serial number, calibration date and testing location will also be required.

Students log in under your User account. Go to File>Change Login. The Login screen will appear. Type in your User name and press OK. The Password verification screen will appear. For training purposes, use **Qwerty1234567890_ as your password.**

DOEHRS-HC USER ACCOUNT QUIZ

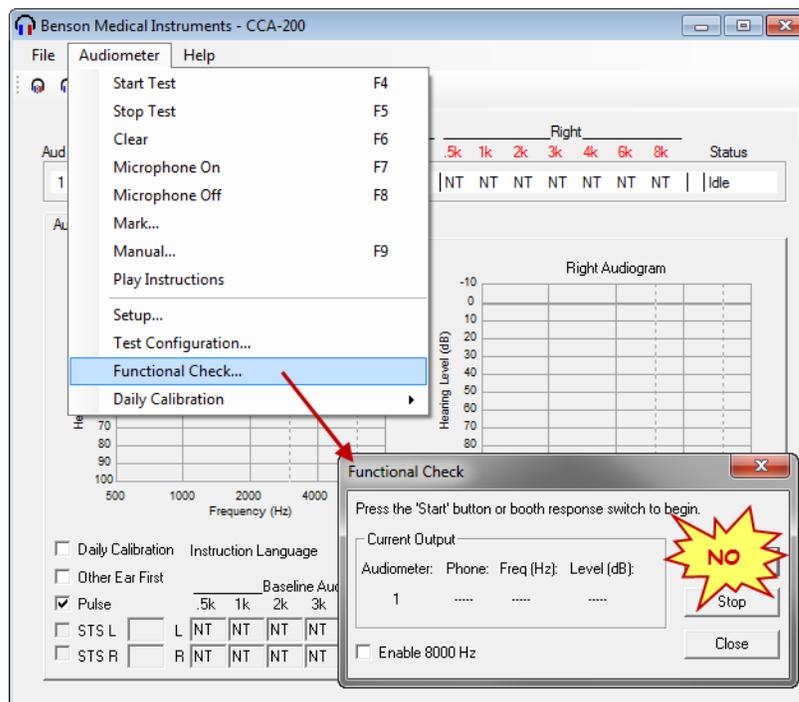
- 1. Why do we recommend getting a DOEHRSDR account prior to entering your user identity into DOEHRSHC?**
- 2. How many incorrect tries do you have to log into the DOEHRSHC before you lock your account?**
- 3. How many users should be in the local DOEHRSHC software?**
- 4. How can I get my DOEHRSHC account unlocked?**
- 5. How does DOEHRSHC communicate with DOEHRSDR?**
- 6. What areas are restricted (access denied) as a user with “examiner” privileges?**
- 7. How frequently is it required that you change your DOEHRSHC or DOEHRSDR user password?**
- 8. Why shouldn’t a back-door user identity in DOEHRSHC be created?**

FUNCTIONAL CHECK

Class 15 minutes/Practicum 5 minutes

This lesson describes the steps necessary to conduct a Functional Check. The Functional Check is a “hands-on” equipment check performed **daily** by the Hearing Conservation Technician prior to any patient testing. The purpose is to ensure equipment is working properly and to detect any hardware (response switch, headphones, wiring and audiometer) problems before patient testing. Any problems need to be resolved prior to using the equipment. Declare the individual station inoperative if the problem cannot be resolved, even if it passes daily calibrations (covered in another lesson). The audiometer and headset are calibrated together and have matching serial numbers. **Never separate the headset from the audiometer for patient testing.**

Normal hearing is required to conduct a Functional Check. This lesson assumes you have opened the DOEHRHS-HC application and have access to the CCA-200 software. It also assumes there were no hardware or software error messages. Any error messages must be resolved prior to conducting the Functional Check. The number of audiometers you have attached to your computer should match the number of audiometers in the Run Test and CCA-200 window.

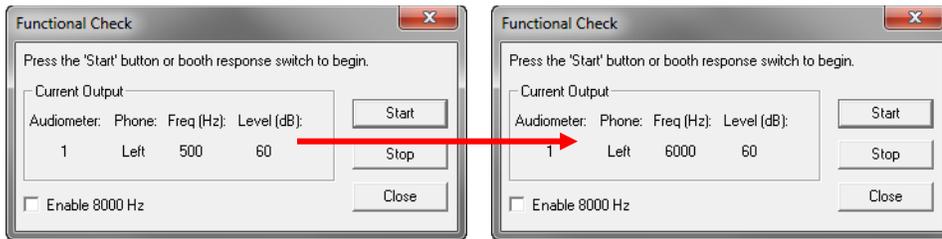


Complete Functional Checks daily, prior to any audiometric testing. Additional checks may be required if you suspect any hardware problems. In the CCA-200 window go to **Audiometer>Functional Check**. The Functional Check window will appear.

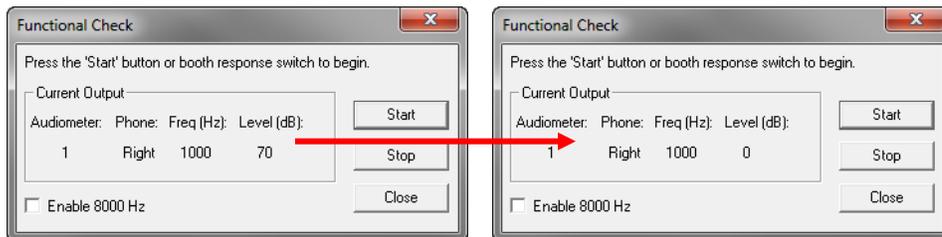
DO NOT PRESS THE START BUTTON IN THE FUNCTIONAL CHECK WINDOW

To perform a Functional Check correctly, enter the booth; place the red headphone on the right ear and the blue headphone on the left ear. Press the hand switch (one time) to start the Functional Check for that station. If the Functional Check does not start or you need to press very hard on the response switch to get it started, you need to check the hand switch. You can visually ensure your response switch is working properly by pressing/releasing the response switch and ensuring the yellow light on the audiometer is corresponding with your actions. If the response switch is defective, replace it.

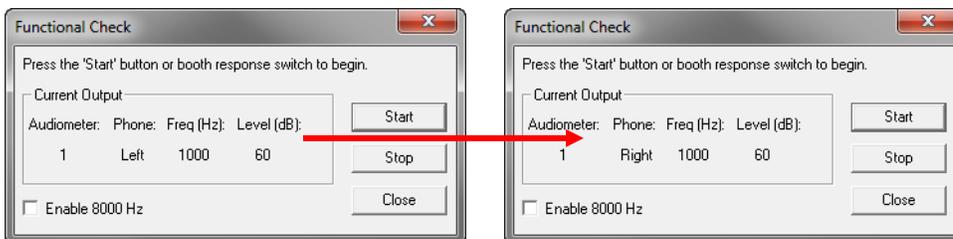
The Functional Check will always begin in the left ear; automatically sweeping the frequencies at 60 decibels. The frequencies presented in the left ear in the following order: 500Hz, 1000Hz, 2000Hz, 3000Hz, 4000Hz and 6000Hz. Listen carefully for distinct and separate frequencies. Tones should sound solid and pure, not distorted or have static/hum. Pressing the response switch again while a tone is present will repeat that tone.



The software will then sweep the intensity range in the right earphone, 70dB to 0 dB in 10 dB increments. Listen carefully for distinct and separate intensities. Tone presentation will be presented at 1000 Hz and begin at 70 decibels. It will drop at 10 dB intervals. At 0 dB, the software will automatically switch over to the left ear and present a steady 60 dB tone. If you have any problems with this portion of the Functional Check, such as no tones in either ear, check the wiring connections (fixable). Replace headset wiring if needed. Check and clean the RCA jacks. You may also have hardware problems with the audiometer, for example, skipping tones or blending (not repairable at your level). Ship audiometer (if USN) to the Navy Marine Corps Public Health Center (Calibration Lab) with the headset for repair or contact Benson Medical Instruments if under warranty.



While the left earphone emits the steady 60 dB tone wiggle the headset cable, both at the jack and the headset. Listen for static (crackle sounds) or intermittent tone presentation. Pull the left earphone away from your head and cover it. You should not hear anything in your right ear (leakage/crossover). Put the earphone back on your ear and press the hand switch. The tone will switch over to the right ear.

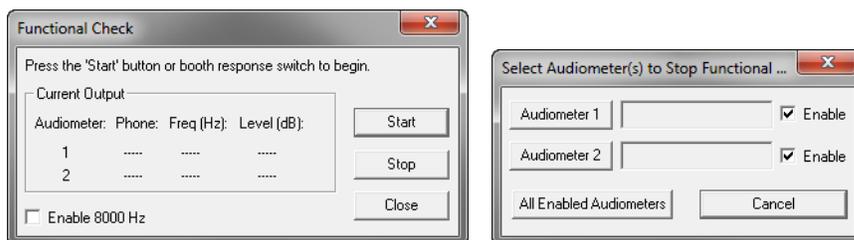


Wiggle the wires and conduct the same test on the right ear as you just conducted on the left ear. Ensure you check for crossover by pulling the right earphone away from your head and covering it. You should not hear anything in your left ear. Replace the headset on properly. Press the hand switch several times; the tone should switch from ear to ear with each press. If you have similar hearing with both ears these tones should sound approximately the same. If you have to press very hard or several times to get the tone to switch, you may have a bad hand switch (do a visual check) or patch cord.

Replace the headband if the earphone does not remain on the ear without physical assistance (holding it in place) or loose tension. While listening to the steady tone and wiggling the cord (both locations) you hear static, breaks and/or crossover the headset wiring may require replacement. Replace the ear cushion if it is stiff, pitted and/or cannot be cleaned. Do not get any moisture on the diaphragm (black piece that tones come out of).

Additional Functional Checks may be required if you notice problems with the same station during patient audio testing. Once the Functional Check is completed, press “Stop” or “Close”.

Multi-station booths require each station to be done individually. On a multi-station booth, an additional pop up screen will appear when stop is pressed. It will ask which audiometer to stop. Select “All Enabled Audiometers” and then close the Functional Check. Conduct a Functional Check on all audiometers no matter what your workload is for that day. Once the Functional Checks are complete, the equipment is ready for the daily calibration check. Set your equipment up for the daily calibration check.



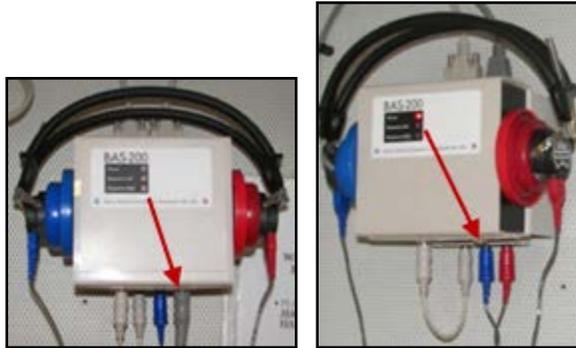
You will conduct Functional Checks several times throughout the week. **Have students conduct a functional check.**

FUNCTIONAL CHECK QUIZ

1. How do you start the Functional Check?
2. The Functional Check started on the right ear, what do you need to do?
3. Why is it important to conduct a Functional Check?
4. How do you check for leakage/crossover?
5. Functional Checks are required daily. When would you conduct it more than once a day?
6. What are you listening for when you conduct a Functional Check?
7. What type of hearing should the Hearing Conservation Technician have if they are going to conduct a Functional Check?

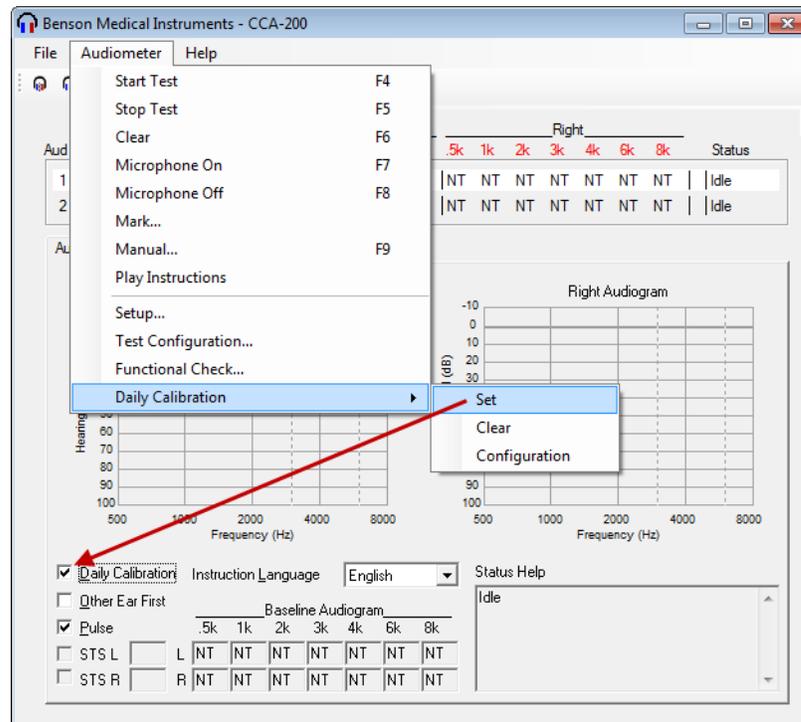
At test sites, the simulator is wall mounted inside the booth. The audiometer is directly behind the BAS. The patch cord links the BAS and audiometer together. Connect the patch cord from the audiometer “response jack” to the simulator “audiometer jack”. The simulator operates with power supplied from the audiometer. Removal of the response switch from the BAS will activate the BAS for calibration mode.

Displayed in the following figures: (left figure) BAS power light is not on with the hand switch plugged in (inactivated BAS cannot respond to the daily calibration test). **Removed the hand switch (right figure), the power light is on and activates the BAS to respond to the calibration test. Have students pull the hand switch out and ensure the BAS light turns on.** Hardware is now prepared for daily calibration testing. Make certain you conduct the daily calibration tests with the audio booth door(s) closed.

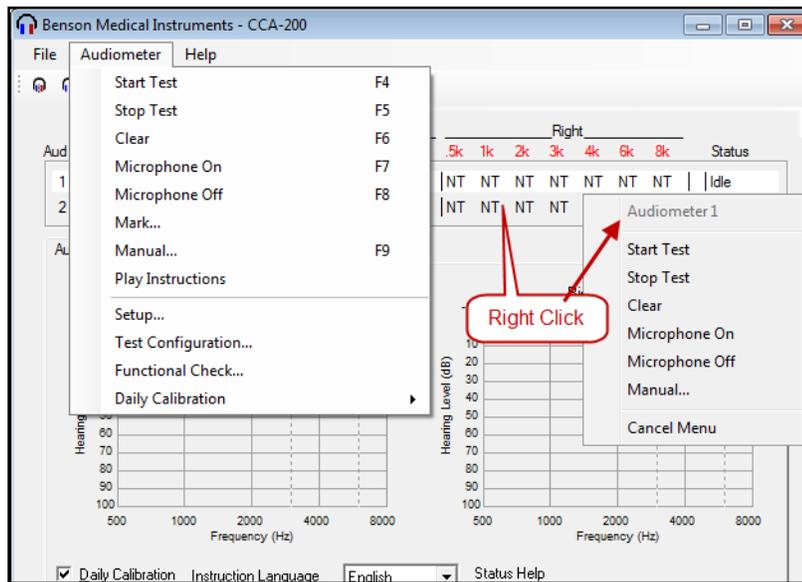


Electronic Bio-Acoustic Simulators (BAS) do not have normal hearing. Threshold levels can be between 50 to 85dB. The decibel level does not matter as long as the Daily Calibration results are within specified levels of the audiometer/listener baseline. **Specified levels for successful Daily Calibrations are within +/- 5dB at 500 thru 4000 frequencies and within +/- 10 dB at the 6000 frequency current calibration test compared to the previous established audiometer/listener baseline.**

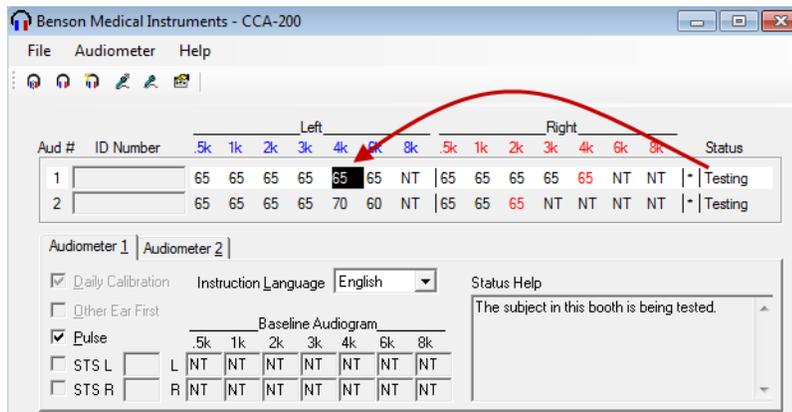
If there is not a check in the Daily Calibration box (lower left portion of CCA-200 window) then application is not currently set up to conduct Daily Calibration test. **To set the software (CCA-200) to perform a calibration check/test in a single station booth place a check in the Daily Calibration block on the Audiometer tab or go to Audiometer>Daily Calibration>Set.**



When the Daily Calibration block is checked, software is set up to conduct the Daily Calibration test on the audiometer(s). **There are multiple ways to conduct the same function (Start Test) with the CCA-200 software (icon, menu, right click on the individual test station line for the menu, hot key – F4).**



For training purposes ensure audiometer wiring is out of the way and limit student movement so the classroom is quiet while the Daily Calibration test is running. At the test site, close the audio booth door(s) while the test is running. **Have the students' start the calibration test and select the 4000 Hz to retest while right ear is being tested.** This will demonstrate how to retest frequencies by highlighting the threshold levels (left click) while the test is running.

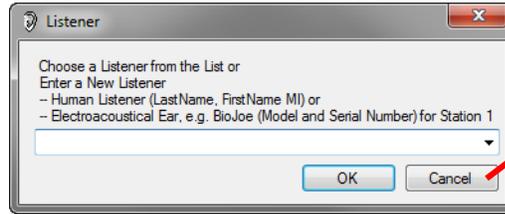


All Daily Calibrations threshold results will compare to the baseline you are conducting or have established. **Always review calibration thresholds while the test is running and stop or highlight those audiometer frequencies that are having problems.** Calibration test are retrieved automatically upon test completion. On a single station booth, you have the ability to retest certain frequencies prior to test completion. On a multi-station booth, once the first test is finished and the listener window pops up you will not be able to re-test any of the other stations frequencies. If you press cancel (individual station), results will not be retrieved into DOEHRs-HC. In either case, pressing OK or Cancel will erase the calibration results from the CCA-200 window. Troubleshoot equipment and retest if audiometer failed calibrations. Do not use the equipment if it continues to fail calibrations.

Review the threshold levels in the next figure. 2000Hz on the right ear responded at 30dB, this is definitely inaccurate because the BAS does not “hear” that low. Establish these results as the calibration baseline would result with consistent future daily failed calibration tests. Retrieving these threshold levels would result in future unsuccessful daily calibrations. **If you left click and highlight the 2000 frequency while testing is in progress, it will be retested.**

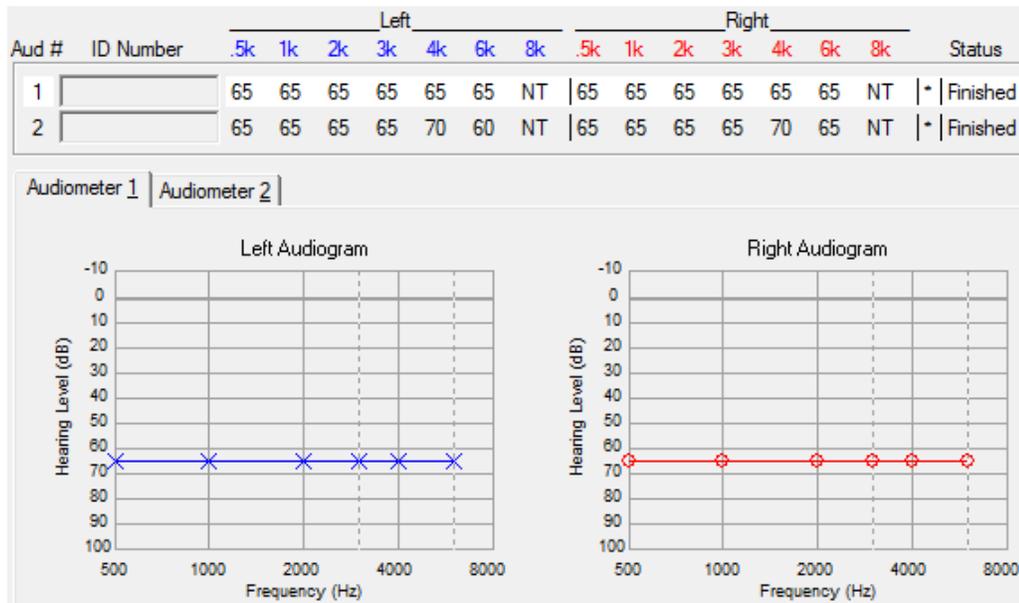
Aud #	ID Number	Left						Right						Status		
		.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k		6k	8k
1		65	65	65	65	65	65	NT	65	65	65	65	65	65	NT	Finished
2		65	65	65	65	70	60	NT	65	65	65	65	70	65	NT	Finished

Calibrations are complete when all frequencies have threshold levels locked in. PRIOR TO PRESSING “CANCEL” IN THE LISTENER WINDOW, write the threshold results below. Once completed ensure students press cancel on the Listener window.

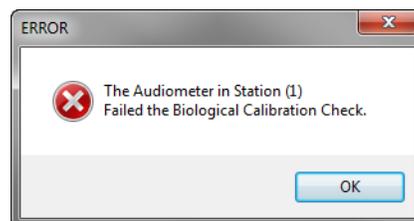
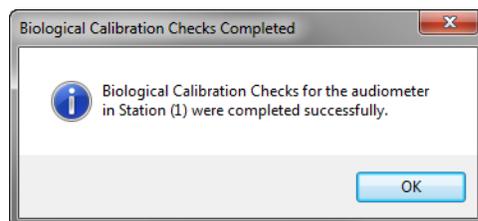


Press Cancel once thresholds are recorded above

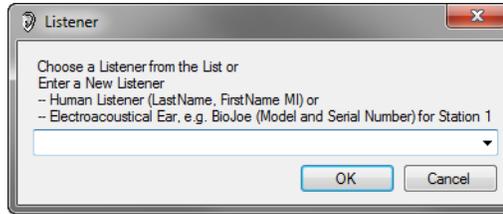
Press cancel; do not retrieve results into DOEHRs-HC. Run daily calibration tests at least twice (changing test parameters – take headphones off, pull/re-insert RCA plugs) to ensure consistent threshold levels are used to establish a valid baseline. Ensure thresholds levels meet calibration successful criteria. You must enter a new listener and audiometer when establishing audiometer baselines. Note Serial/Graphic audiogram displaying threshold levels.



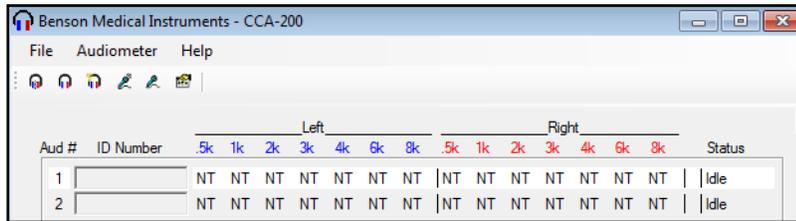
Once retrieved, DOEHRs-HC will compare current threshold levels to the baseline and place them on DD Form 2217. Prompts will tell you if the threshold levels are within standard (Successful) or outside standard (Failed) in comparison with the audiometer/listener established baseline. If the daily calibration thresholds are not within standards, troubleshoot equipment and rerun the calibration test. Use the alternate listener if the primary listener continues to fail. Do not use the audiometer if it fails with both listeners (audiometer threshold results continue to be outside the calibration standard). Send audiometer for electro-acoustic calibrations (annual).



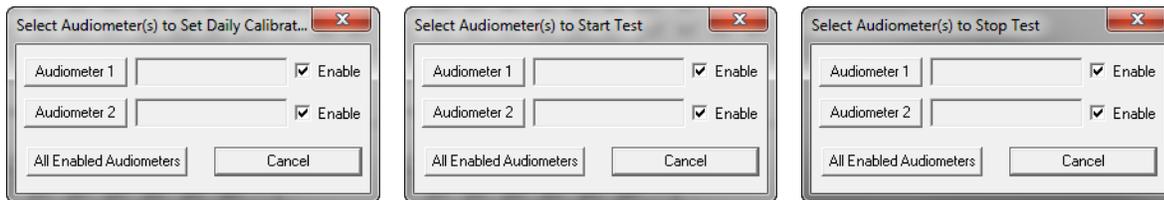
Daily Calibration test results in the CCA-200 window will immediately clear when you press OK or Cancel in the Listener window.



Multi-station booths function similar but have additional windows that appear.



In a multi-station booth, go to **Audiometer>Daily Calibration>Set**; it will bring up a pop-up screen with all the audiometers on it. Recommend “setting” and conducting a daily calibration on all stations. Multi-station booths click on **Audiometer>Start Test**; you could also press the start test icon. Stations will clear individually when listener is chosen or canceled. Once the first listener window appears you will not be able to manually highlight (retest) or modify any other booth station. Pay attention to the “Listener” window when doing calibrations on a multi-station booth, calibrations are retrieved in the same order as they finish.



AUDIOMETER CALIBRATIONS QUIZ

1. Describe how to set up the hardware to conduct daily calibrations?

2. Describe how to set up the software to conduct daily calibrations?

3. What do you suspect if the error code “NR” (no response) is present in every frequency?

4. What do you do if the audiometer fails calibrations?

5. What are the “specific dB differences from the baseline that are required for “successful” daily calibrations”?

6. Daily calibrations are recorded on what form and how long are they maintained?

ESTABLISHING CALIBRATION BASELINES

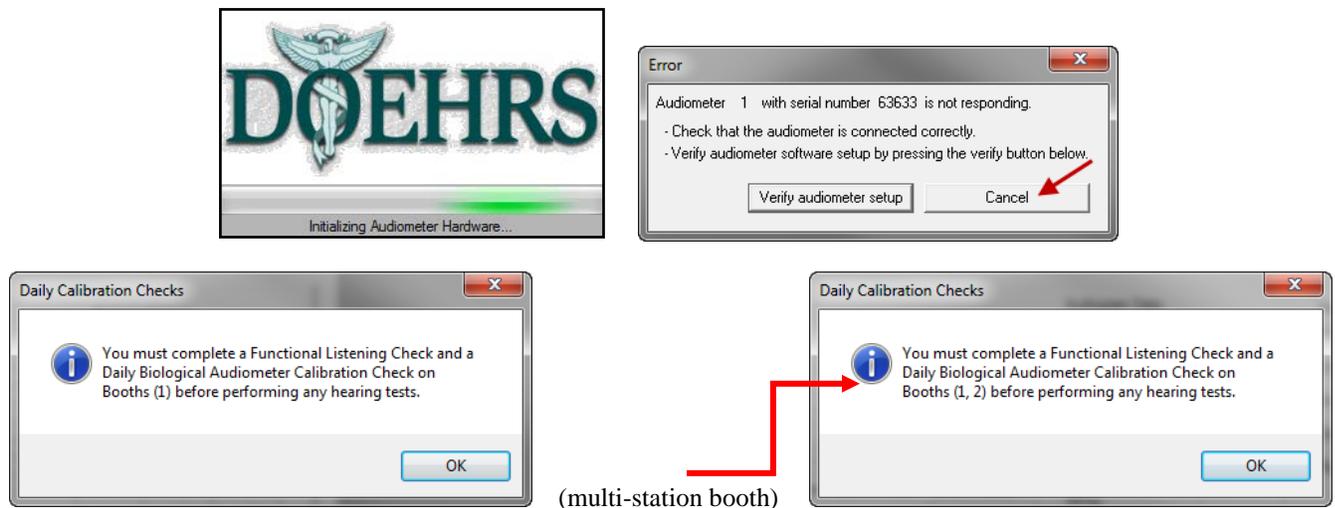
Class 20 minutes/Practicum 10 minutes

Prior to this class, have the students perform the function check and calibration test in the CCA-200 software. Do not select the listener and retrieve results into DOEHRS-HC. Listener window should be on top. Ensure students confirm results are consistent with the results written down in the previous chapter (page 14) or re-run the calibration test until they are getting consistent results.

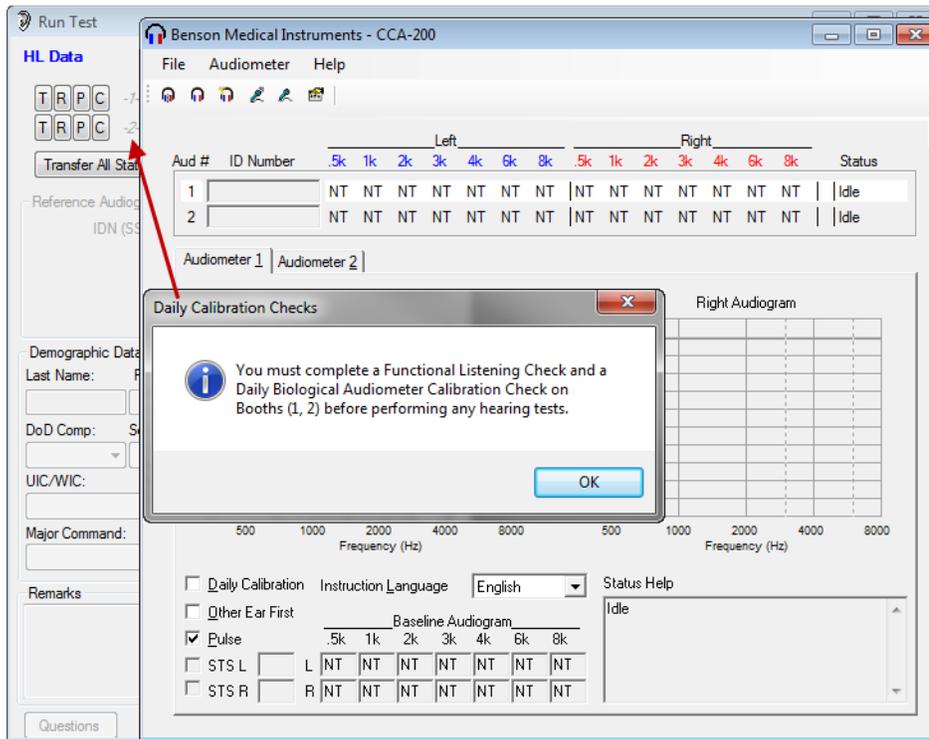
This lesson describes the steps necessary to establish Audiometer Daily Calibration Check baselines. Establish baselines with a both primary and alternate listener for each audiometer immediately following annual calibration. The baselines and daily calibrations are recorded on a DD Form 2217 automatically when retrieved into DOEHRS-HC. All future daily calibration tests compare to the original saved baseline per audiometer/listener. The daily calibration will “pass” if the threshold levels are within established standards. **Ensure you establish good baselines by running the calibration test 2 or 3 times; moving the cords and repositioning the headphones (change the parameters of the test) to ensure you are getting consistent results and are creating a good baseline.** Assess results prior to DOEHRS-HC retrieval or inaccurate baselines could be established. Example: if the daily calibration fails constantly since it was established but the daily results are consistent you established an inaccurate baseline. Achieve consistent results then retrieve and establish the baseline in DOEHRS-HC. Established baselines expire in conjunction with the annual calibration.

This lesson assumes you have opened the DOEHRS-HC software and have access to the DOEHRS-HC run test window and the CCA-200 window. It also assumes there were no hardware or software error messages and that you have run (not fully retrieved) daily calibrations at least one time previously. Function test are also required to be performed and the equipment deemed functional.

If you get an audiometer error: similar to below – serial number xxxxx is not responding when logging into DOEHRS-HC the audiometer is not connected properly or the power to the audiometers is off. Click Cancel and troubleshoot. After you log in, the software will remind you of the need to conduct daily functional and calibration checks (unless previously retrieved successfully for that day).

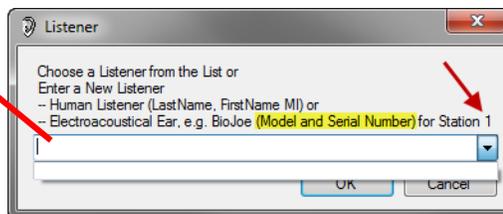


The next figure (top of next page) displays the DOEHRS-HC application open. Software will default to a one-station booth if there are not any audiometers connected to the computer, otherwise it will configure to the number of audiometers attached up to eight. If the audiometers are not recognized, do not close the DOEHRS-HC application. Close the CCA-200 and the run test windows after you solved the issue and re-open them by going to functions>Run Test / CCA-200. Do not just close the CCA-200 window as the configuration of the Run Test window needs to match the CCA-200 window. The windows will reconfigure and recognize the hardware when they appear. Booth numbers in the run test window are italic and grayed out (inactive) letting you know function test/daily calibrations need to be successfully completed.



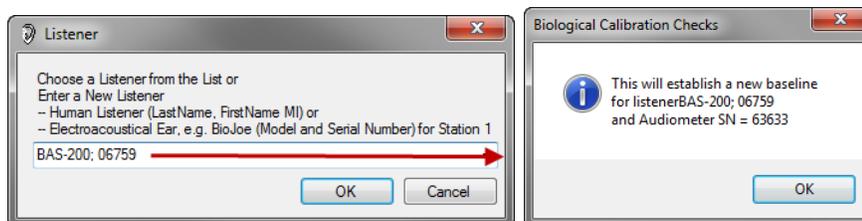
DOEHRS-HC will automatically retrieve “daily calibration” threshold levels, letting the technician enter or select the listener. Calibration thresholds (automatic test only) are retrieved from the CCA-200 window into the Run Test window, you do not transfer from the Run Test window to the CCA-200 window for calibration testing. Upon completion of the initial calibration test, the listener window will appear; you will then not have the ability to manipulate any other tests in the CCA-200 window. Results will be cleared in the CCA-200 once the Listener window for that station is closed. This includes closing listener window, cancelling, typing a listener or selecting a listener and pressing OK. **When establishing baselines you need to manually type in the “model and serial number” for the listener. This is important to ensure the accuracy of your DD Form 2217.** You only need to enter the listener once per audiometer, after that it will be in the drop down window for selection. **Pay attention (multi-station booth) if you are entering listeners to the station number, data is retrieved in the order it is completed in.**

Input the listener, example BAS-200; 06759

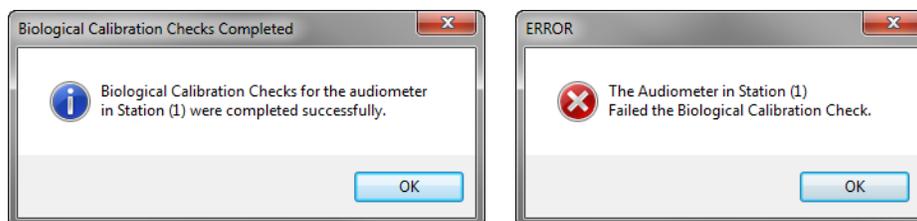


Enter the listener model that is located on the front of the BAS. The serial number is also required and is located on a silver strip next to the left ear receptacle. When adding an alternate listener, type ‘Alternate Listener’ after the serial number. Establish an alternate listener (different BAS and prior to) in the event the primary listener becomes inoperative.

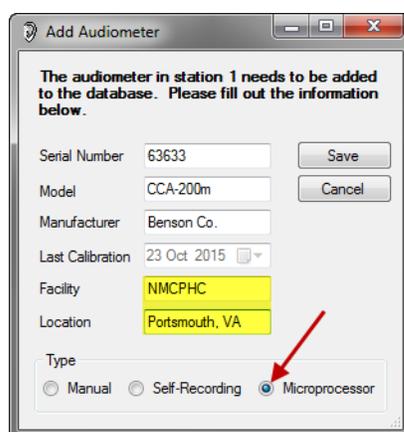
This establishes a baseline for the audiometer with a specific (primary) listener. Daily calibrations compare with this baseline. **Primary Listener typed in and new baseline established. Ensure data entered is what was established.**



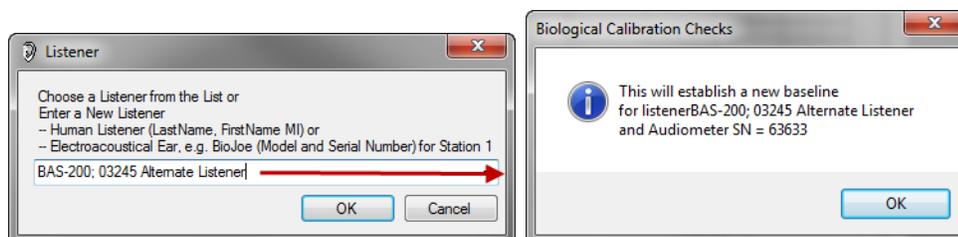
When you retrieve calibrations the software will let you know if the calibration test was successful or if it failed the calibration check.



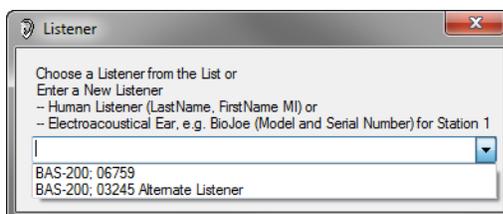
Once the listener/baseline is established, the audiometer is required to be added. The Add Audiometer window pops up automatically after a listener is added. The Add Audiometer window will appear every time you establish a listener (primary/alternate/delete 2217) ensure you enter the data exactly the same. Serial Number, Model, Manufacturer and Calibration date should not require changing. **Add the facility (booth location = clinic) and location (city/state, base/country). Type of audiometer is microprocessor. Audiologists normally use manual audiometers. Once the data has been entered correctly press “Save”.** This information is recorded on each DD Form 2217, 2216 and 2215 where that audiometer is used. If the audiometer is not saved, you will not be able to conduct any testing.



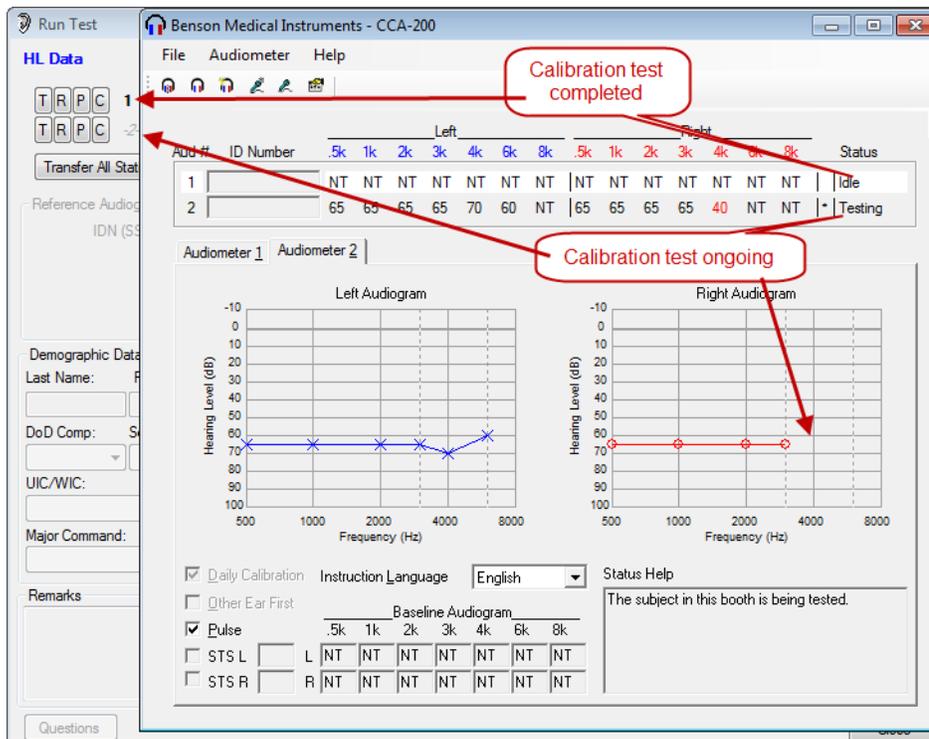
Establish an alternate listener for each audiometer in the event the primary BAS becomes defective.



Once baselines are established for an audiometer, only the listeners previously entered will be in the drop-down window available for selection.

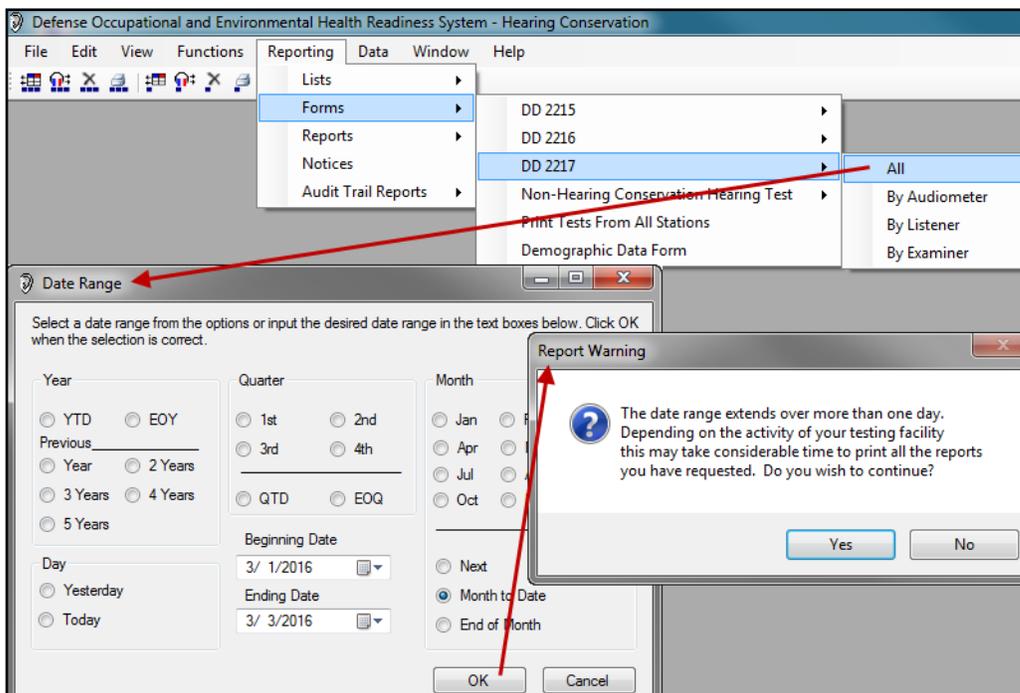


Once daily calibrations are successful, the station numbers are bold and activated. If you close the DOEHRs-HC application and reopen it later the same day, daily calibrations are not required to be accomplished again. Recommend doing the calibrations again if you suspect a hardware issue during the day.

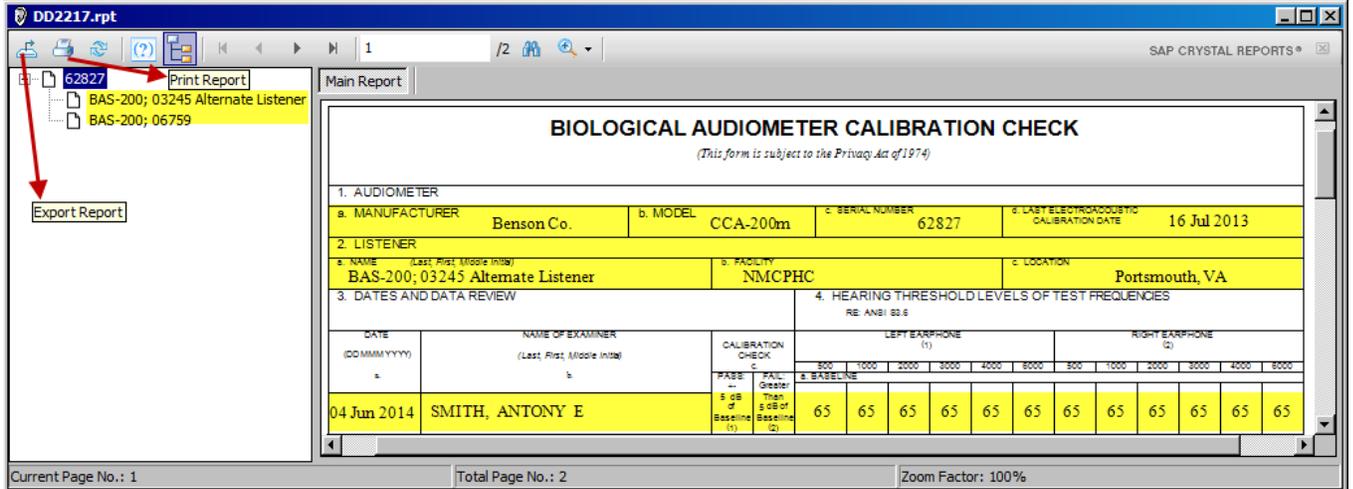


DD Form 2217s are required to be maintained for 5 years. You can either print them and maintain hard copies or maintain the electronic DD Form 2217 (.pdf files).

To view, print or export DD Form 2217 go to: **Reporting>Forms>DD 2217>All**. **Recommend printing or exporting the DD Form 2217s the beginning of each month for the previous month.** Select the date range you are requesting.



Primary and alternate listeners are displayed. You will need to select one. Every DD Form 2217s will be displayed with the Audiometer Manufacturer, Model, Listener, Facility and Location if previously inputted correctly. To export the form (.pdf file), ensure View>Option “Preview Reports before Printing” is checked. If saved as .pdf recommend placing on the shared drive.



There can be minor differences between the daily calibrations and the baseline established. Successful if the calibration is within acceptable limits of the baseline: +/- 5 dB at the 500 – 4000Hz and +/- 10 dB at 6000Hz. On the next figure, note the differences in daily calibrations.

BIOLOGICAL AUDIOMETER CALIBRATION CHECK																							
<i>(This form is subject to the Privacy Act of 1974)</i>																							
1. AUDIOMETER																							
a. MANUFACTURER			Benson Co.		b. MODEL		CCA-200m		c. SERIAL NUMBER		62827		d. LAST ELECTROACOUSTIC CALIBRATION DATE		16 Jul 2013								
2. LISTENER																							
a. NAME (Last, First, Middle Initial)				BAS-200; 06759				b. FACILITY				NMCPHC				c. LOCATION				Portsmouth, VA			
3. DATES AND DATA REVIEW																							
4. HEARING THRESHOLD LEVELS OF TEST FREQUENCIES																							
RE: ANSI S3.6																							
DATE (DDMMYYYY)	NAME OF EXAMINER (Last, First, Middle Initial)	CALIBRATION CHECK c.	LEFT EARPHONE (1)						RIGHT EARPHONE (2)														
			300	1000	2000	3000	4000	6000	300	1000	2000	3000	4000	6000									
		FASE -- 5 dB of Baseline (1)	TRAIL Greater Than 5 dB of Baseline (2)		b. BASELINE																		
04 Jun 2014	SMITH, ANTONY E						65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	
b. PERIODIC BIOLOGICAL CALIBRATION CHECKS																							
05 Jun 2014	SMITH, ANTONY E	X					65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	
06 Jun 2014	SMITH, ANTONY E		X				65	50	65	65	65	65	65	65	65	65	65	65	65	65	65	65	
07 Jun 2014	SMITH, ANTONY E	X					65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	

ESTABLISHING CALIBRATION BASELINES QUIZ

1. What listener data is required on the DD Form 2217?
2. Technicians normally use a manual or microprocessor audiometer?
3. Why are alternate listeners established?
4. What are acceptable limits with daily calibrations/baseline?
5. How many times should you run daily calibrations before creating the “Audiometer Calibration Baseline”?
6. How long are the DD Form 2217s maintained for?
7. How often should the DD Form 2217 be printed or exported for local files?
8. Where should the DD Form 2217 .pdf files be saved to?
9. What should you do if the primary BAS is not functioning properly?

UIC LOCATOR

Class 20 minutes/Practicum 15 minutes

Most patients do not know what their Unit Identification Code (UIC) is. You need to be familiar with the local UICs tested at that DOEHS HC Work Station, and be able to look the UIC up if it is not in your DOEHS-HC database.

Each service has a unique format for their UIC designed for DOEHS-HC data entry. All use alpha/numeric characters. UICs' are required in DOEHS-HC and are very important as many DOEHS-HC reports are derived from the patients UIC.

Service members fall under their own DOD Component with the exception of USN/USMC. USN can be under USMC UICs and USMC can be under USN UICs. Otherwise USA are under USA UICs, USCG are under USCG UICs and USAF are under USAF WICs.

Format of the DOD Service UICs/WICs in DOEHS-HC are as follows:

Air Force has four numbers – four letters – 3 numbers followed by a letter (####-AAAA-###A). This is a WIC and is issued to USAF personnel in the HCP by their IH. If the USAF patient doesn't know what their WIC is, USN test sites will test them under: 1234-NAVY-123A and type their unit in the location field.

Army starts with a "W" followed by five alpha and/or numeric characters (Wxxxxx)

Coast Guard consists of 7 numbers (#####)

Marine Corps consists of 8 alpha and/or numeric characters (#####x#x) or any 8 character combination of letters and numbers

Navy consist of five alpha and/or numeric characters (xxxxx)

Query UIC database - Recommend until you get used to the database, put a small amount of information in the query and use filter to pull up the answer and re-query when you see how the data/records retrieved are recorded. Data queried needs to be typed exactly as it is in the database (space, dash or slash). If the query has too much information or it is not typed exactly the way it is in the database the answer pool will not find data. If the UIC is known you should verify it. You can search by City or State or partial Unit name.

If there, are any questions on what UIC to use; consult the Regional Audiologist or their representative for clarification.

Review with students how to search the UIC Locator database.

UIC Locator is in the folder titled Audio Certification Class located on the desktop.

UIC LOCATOR PRACTICUM

Find the DOD Component, UIC, City, State, Zip Code and Major Command for the following units. You may have to adjust the wording/spelling to get the correct data. These UICs will be used in following exercises. If there is FPO followed by 2 letters then the FPO will be the city and the following 2 letters will be the state followed by the zip code.

1. **USS John C Stennis CVN-74** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

2. **VMM 764 MAG-41 4TH MAW; San Diego, CA** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

3. **USCGC Jefferson Island** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

4. **Fleet Readiness Center SE Det, Key West** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

5. **K Co 3/8 2ND MARDIV, Camp Lejeune** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

6. **USCG Station Portland OR** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

7. **3/11, Twentynine Palms** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____ MACOM _____

8. **293 MP CO, Fort Stewart, GA** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____

9. **161 Engineer CO, ENGR SPT, Fort Bragg, NC** Service: _____
UIC: _____ City: _____ State: _____ Zip Code: _____

UIC LOCATOR QUIZ

1. Describe the DOEHRS-HC UIC format for each service.

Army _____

Air Force _____

Coast Guard _____

Marine _____

Navy _____

2. What the “UIC” (WIC) is unknown by an Air Force Patient what UIC should they be tested under?

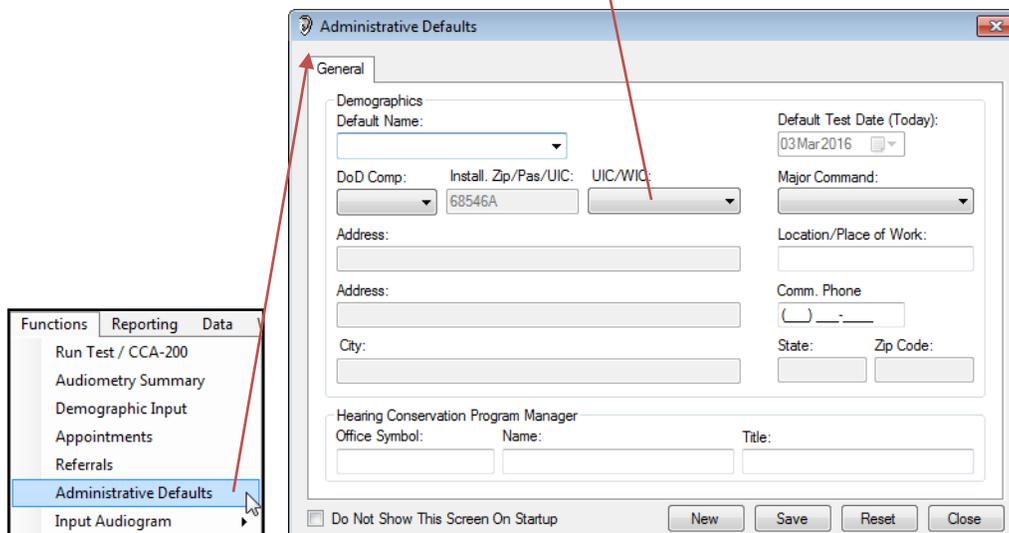
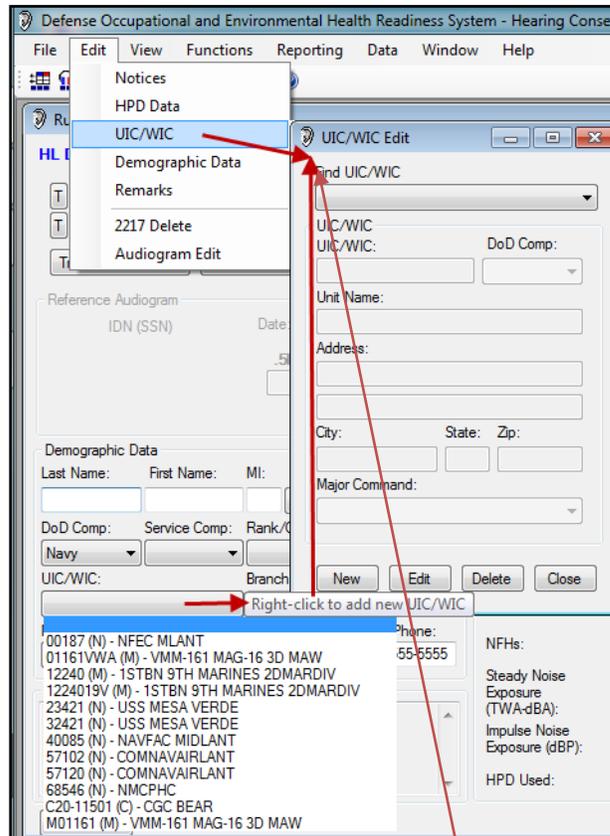
3. What is the “key field” driving most Service reports

4. What is the “weakest link” in having accurate reports?

DOEHRS-HC UIC DATABASE

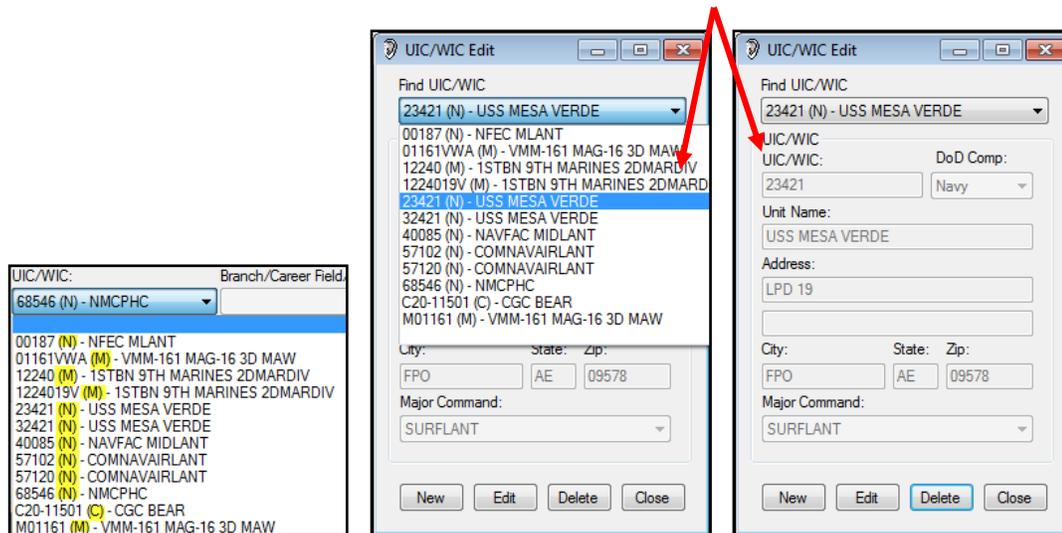
Class 15 minutes/Practicum 20 minutes

Correctly enter each UIC (Unit Identification Code) into the DOEHRS-HC database. Patients require their UIC to be entered and/or selected for their audiogram. Most HCP reports draw from the patient UIC. Marine and Navy personnel can be placed under either Service UIC. Navy assigned to Marine Units, Marines assigned to Navy Units. Army, Air Force and Coast Guard are placed under their own Service UIC. Contact your Regional Audiologist (1st) or NMCPHC (2nd) for any questions you may have. Displayed below is the UIC database from the patient demographic area in the Run Test screen. You can get to the UIC database several ways. In the patient demographic window (Run Test Screen) right click on the UIC field and the UIC Edit window will appear. Edit>UIC and the UIC Edit window will appear. **Function>Administrative Defaults**. Right Click on the UIC field and the UIC Edit window will appear

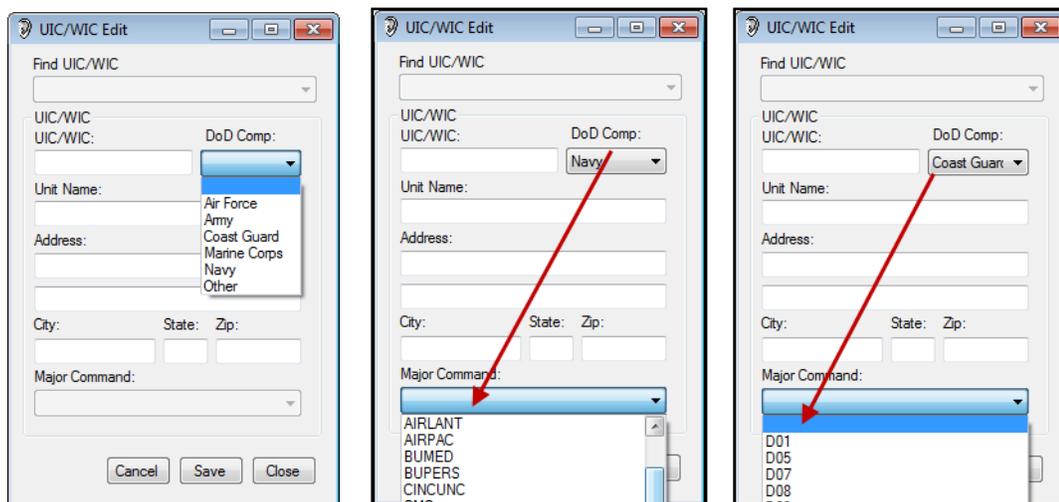


Established “core” UICs in conjunction with the Regional Audiologist. It will then be easy to maintain them. Core UICs are UICs that belong to the units that repetitiously test at the testing site. Unit Safety personnel work in conjunction with the HCPM to identify personnel and units exposed to hazardous noise. A DR Inquiry (patient records pulled from the DR) will occur for every patient you test when connected to the internet. This DR Inquiry may bring down the associated sub-tables along with each record imported. Periodically go in and verify the test site “core” UICs.

The UIC Database has the function to add new UICs (**New**), edit UICs in the database (**Edit**) and delete UICs not needed in the DOEHS-HC database (**Delete**). Ensure you press the correct button. Notice the Test Installation UIC (68546) placed next to the **Unit Name**. This is an easy way to monitor your UIC database. Some Hearing Conservation Regions put the Regional Hospital UIC next to the Unit Name. This lets the user know the UIC has been verified with the UIC Finder/Regional Audiologist and is one of the core UICs that need to remain in the local UIC database. **Below is the Patient Demographic window from the Run Test screen. Displayed are some of the UICs in the DOEHS-HC database. UICs list numerically and alphabetically in the drop down window. Note the Test Installation UIC (68546) placed next to the Unit Name in the UIC/WIC Edit window. Service Code at the end of the Unit Name in the drop down window. (A) = Army, (C) = Coast Guard, (F) = Air Force, (M) = Marines, (N) = Navy, (1) = Other**

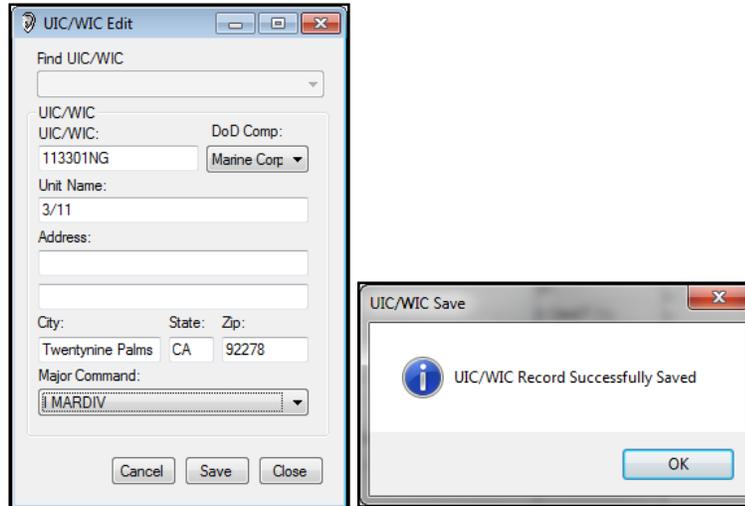


Previous drop down window selections will affect subsequent drop down selections. Example: if the DOD Comp selected is Navy or USMC only Major Commands from the selected service will be in the Major Command drop down window. Army and Air Force Major Commands are not available for selection in the UIC database. The UIC window displayed below with extended drop down windows. **‘Other’ as a DOD component should not be chosen in the UIC database without the Regional Audiologist approval.**



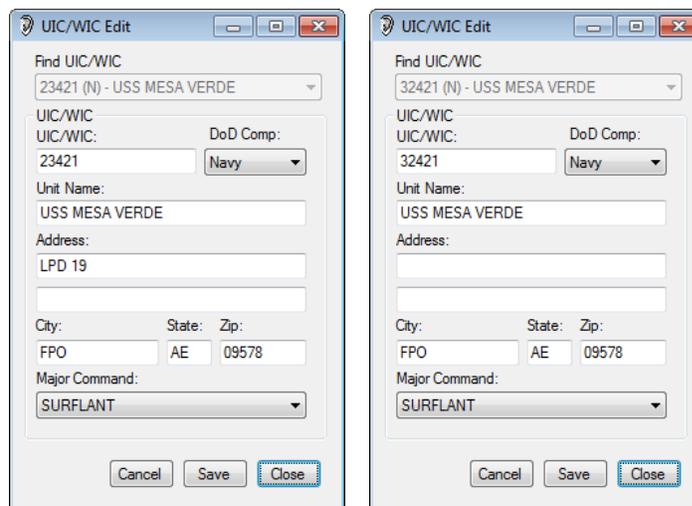
Use the UIC database to input the correct UIC and/or verify them with your Regional Audiologist or their representative. **Input the UIC for 3RD BN 11TH MAR (UIC Locator Practicum)**

Press “New” on the UIC/WIC Edit screen and input the data properly. Create the UIC for L BTRY 3RD BN 11TH MAR. Enter the UIC M11330. Do not put in command name L BTRY... An acronym the unit is locally called is recommended, encompassing the entire unit such as 3/11. Address is not required. Enter city, state and zip code; major command if known should be entered. When data entry is complete, **press Save**. Once saved, the UIC will be available in the UIC drop down window for patient testing selection.



You find the following UICs in your local database. Write down if there are any problems with the UICs and what you would do as an Audio Technician.

GROUP 1



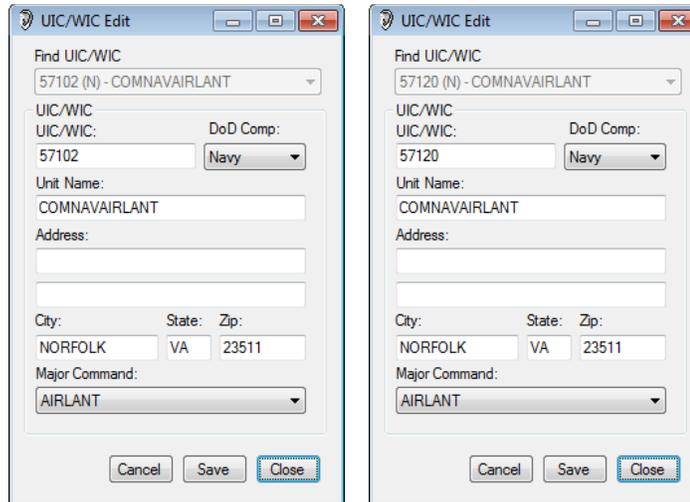
The above 2 UICs (GROUP 1) are in the UIC database. What is different between them?

Are they both correct or is one or both of them incorrect? _____

Which one would be displayed first (normally selected more frequently) in the UIC drop down selection window for patient demographic data input? _____

What would you do to fix the problem? _____

GROUP 2



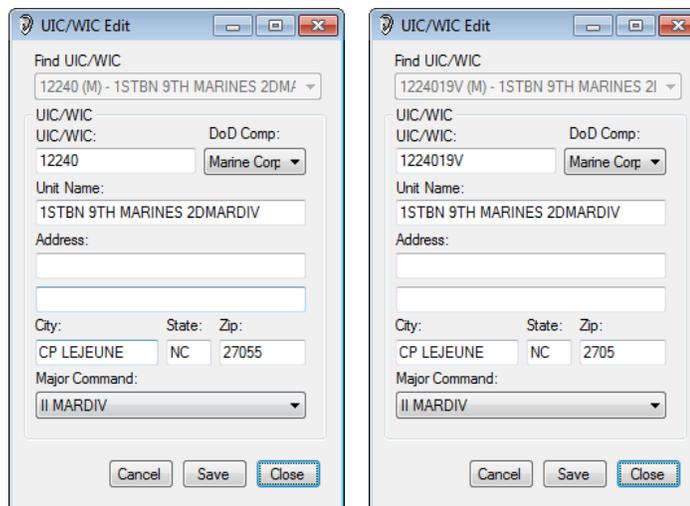
The above 2 UICs (GROUP 2) are in the UIC database. What is different between them?

Are they both correct or is one or both of them incorrect? _____

Which one would be displayed first (normally selected more frequently) in the UIC drop down selection window for patient demographic data input? _____

What would you do to fix the problem? _____

GROUP 3



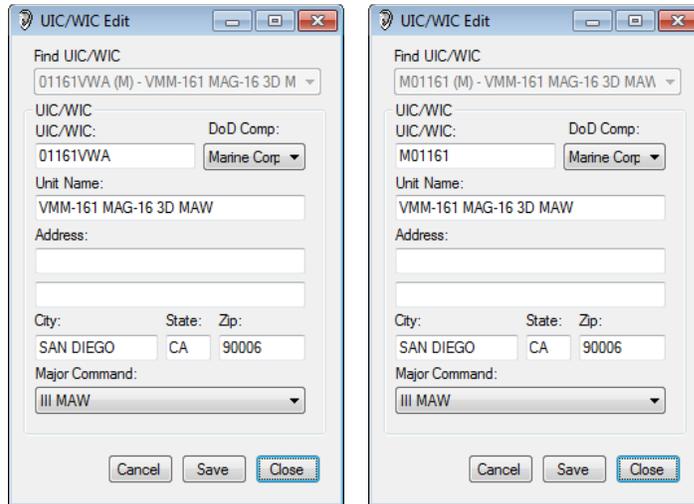
The above 2 UICs (GROUP 3) are in the UIC database. What is different between them?

Are they both correct or is one or both of them incorrect? _____

Which one would be displayed first (normally selected more frequently) in the UIC drop down selection window for patient demographic data input? _____

What would you do to fix the problem? _____

GROUP 4



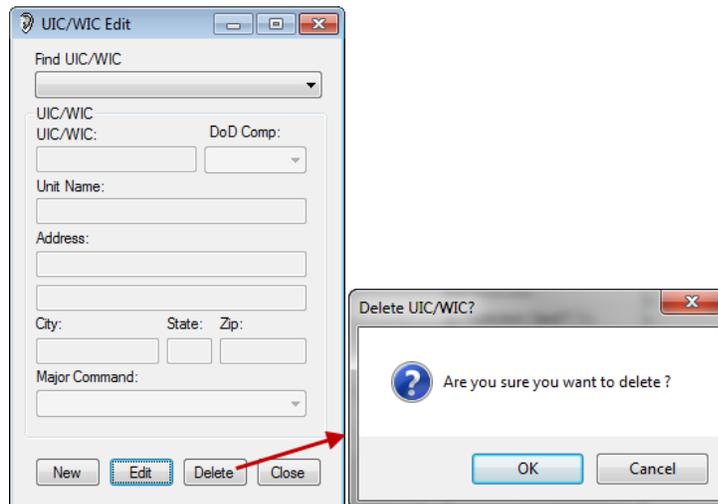
The above 2 UICs (GROUP 4) are in the UIC database. What is different between them?

Are they both correct or is one or both of them incorrect? _____

Which one would be displayed first (normally selected more frequently) in the UIC drop down selection window for patient demographic data input? _____

What would you do to fix the problem? _____

If you found one of the UICs incorrect then the technician who inputted it put the test installation (68546) next to the Unit Name, (verifying it). Every patient tested under the incorrect UIC will guarantee inaccurate reports. Ensure correct UICs are in the database. Select the correct UIC for every patient. **Delete all incorrect and/or unnecessary UICs.** The following message will appear when delete of a specific UIC is pressed. When you press OK, the UIC will be deleted.



DOEHRS-HC UIC DATABASE PRACTICUM

Create UICs in DOEHRs-HC for the below unit (came from UIC Finder Practicum page 25):

1. 21847 USN USS John C Stennis CVN 74 FPO AP 96615
AIRPAC (Federal Post Office, Area Pacific)

2. 03028S6E USMC VMM-764 MAG-41 San Diego, CA 92145
4TH MAW

Note: VMM-764 MAG-41 4TH MAW has 2 UICs: 03028S6E and 67824; USMC under their UIC, USN under their UIC.

3. 0113440 USCG CGC JEFFERSON ISLAND South Portland ME 04106
D01

4. 44320 USN Fleet Readiness Center (SE Det) Key West Key West, FL 33040
NAVAIRSYSCOM

5. 12230V38 USMC 3/8 Camp Lejeune, NC 28542
2D MARDIV

Note: Should be call 3/8 not K CO 3/8

6. 1330486 USCG USCG STATION PORTLAND OR Portland, OR 97217
D13

7. 113301NG USMC 3/11 Twentynine Palms, CA 92278
1ST MAR DIV

8. WHGJAA USA 293 MP CO FT Stewart, GA 31314

9. WATEAA USA 161 Engineer CO, ENGR SPT FT Bragg, NC 28307

Follow these instructions for each UIC entered:

UIC entered. DoD Component selected. Unit Name entered with Command name or acronym. Address and/or supplemental information entered. City, State, Zip Code and Major Command (if known and field active) selected.

Ensure all UICs are correct. Edit those UICs that were entered incorrectly and /or incomplete.

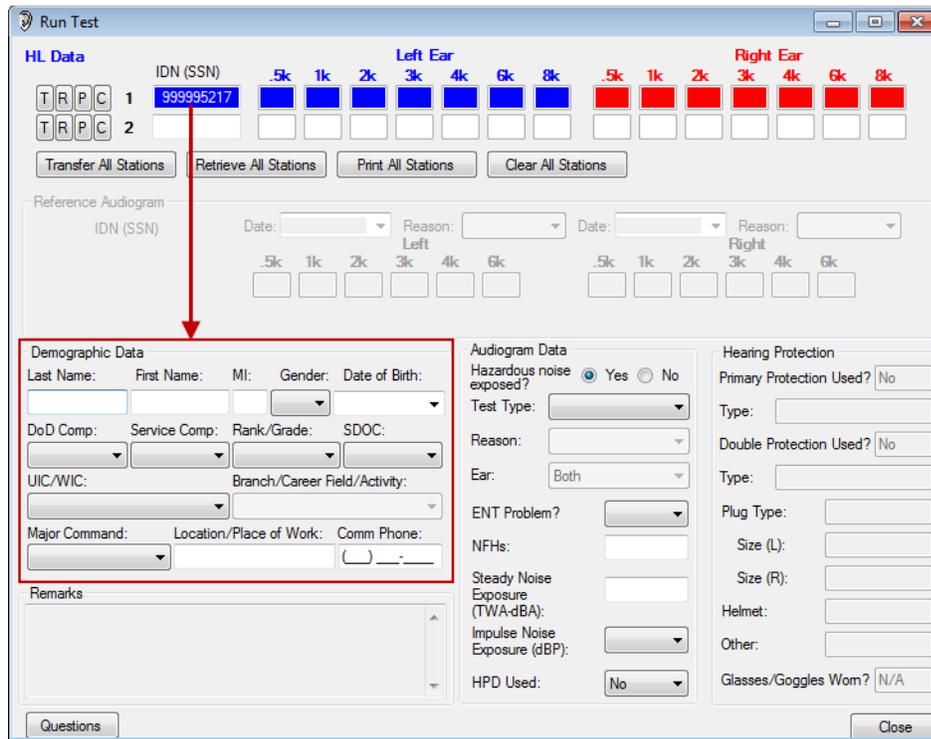
PATIENT DEMOGRAPHIC DATA

Class 20 minutes/Practicum 20 minutes

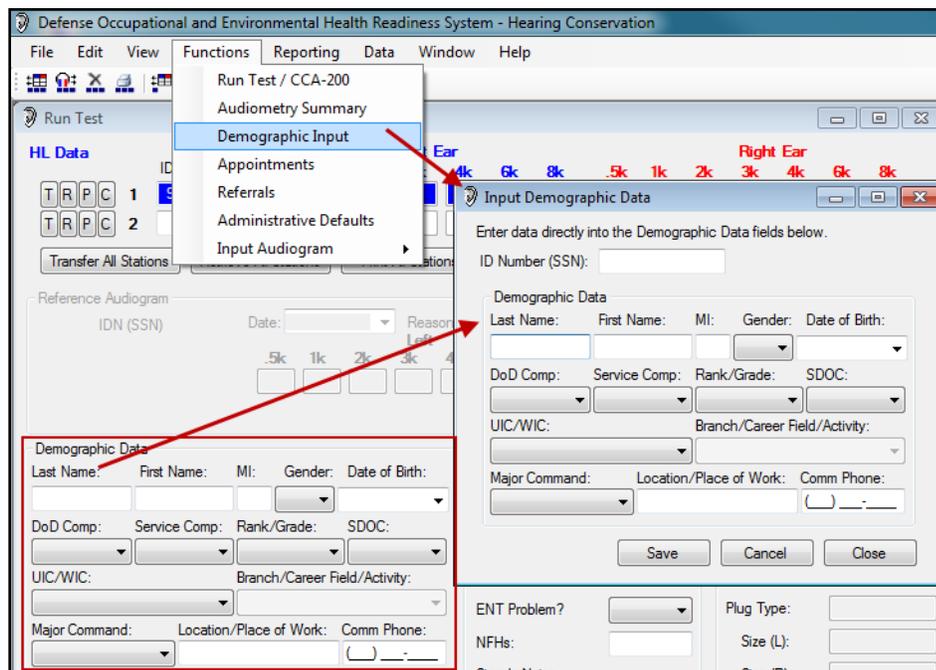
Enter Patient Demographic Data in the Run Test screen when a patient is present for testing. This data in conjunction with the threshold levels retrieved from the CCA-200 window will save as an audiogram (record). Enter demographic data correctly and completely. Incomplete data entry will restrict retrieving test data from the CCA-200 window. Have the patient fill out a demographic form (found in the DOEHRS-HC software). This form will assist the technician inputting the patient data correctly. Ensure the form has enough information so that patient data entry can be completed in DOEHRS-HC. If more information is required, question the patient prior to placing them in the booth. Write the information down on the Demographic Form. In multi-station booths, recommend placing the station number on the same sheet. **Students (on your time) put your information on the demographic form. It will be used later during patient testing.**

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):				
Last Name:		First Name:		MI:
Gender:	Male	Female	Date of Birth (mm/dd/yr):	
Component (select one):	DOD	USCG	USA	USAF USMC USN Other (explain):
Service Component (select one):	Contractor	Federal Employee	Foreign National	Regular Reserve NG
Rank/Grade:	AFSC/MOS/NOBC/Rate & NEC/SDOC:		Unit:	
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command:	
Work Location or Code:		Phone Number (include area code):		
Are you routinely exposed to hazardous noise or in the hearing conservation program?				Y N
Purpose of visit (circle one):	Annual Termination Pre-employment	Follow-up Retirement/Separation Non-hearing Conservation	Pre-deployment Reference/Baseline Other (explain):	Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing?				Y N
How many hours have you been away from noise prior to this test?				
What specific type of Hearing Protection Devices (earpro) do you wear?				
Do you wear double hearing protection?				Y N
If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs?				Always Seldom N/A
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				
		Not bothered at all	Bothered a little	Bothered a lot
Were you fit with HPDs today?		Y N	Were you previously fitted with HPDs?	
		Y N	Y N	
Do you currently have your HPDs with you?				Y N
Was hearing health education provided today?				Y N
<small> Privacy Act of 1974 AUTHORITY: 5 U.S.C., Section 301; 10 U.S.C., Section 1071-1085:50 U.S.C., Supplement IV, Appendix 454, as amended. PRINCIPLE PURPOSE: SSN will be used for identification purposes to ensure proper documentation of medical records. ROUTINE USE: Information may be disclosed to Veterans Administration to adjudicate veterans claims and provide medical care to service members; National Research Council, National Academy of Sciences, National Institute of Health and similar institutions for authorized health research in the interest of the Federal Government and the public; local and state government and agencies for compliance with local laws regulations governing control of communicable diseases, preventive medicine and safety, child abuse, and other public health and welfare programs. DISCLOSURE: Disclosure of the SSN is voluntary; however, failure to provide the requested information may result in inaccurate documentation </small>				
<small>For Official Use Only</small>				

When a patient shows up for audio testing, enter their data into the run test screen, starting with the SSN. The SSN is the PRIMARY KEY for each record created. All manually entered DOEHRS-HC data can be edited at the original test location with the exception of the SSN. Recommend getting the SSN directly from the medical record. Data in the Run Test screen will be saved only when retrieving test results from the CCA-200 window.

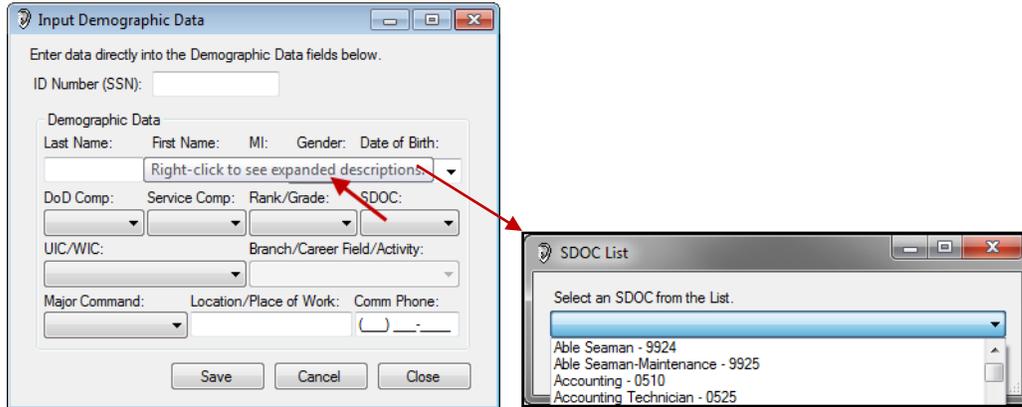


For training purposes we are going to enter Demographic Data only without testing patients. The Input Demographic Data window mimics the same fields in the Run Test Demographic Data section. Unlike the Run Test screen data can be either edited or saved in the Input Demographic Data screen. This is just to get you used to entering patient data that can be saved without testing patients. Go to Functions>Demographic Input.

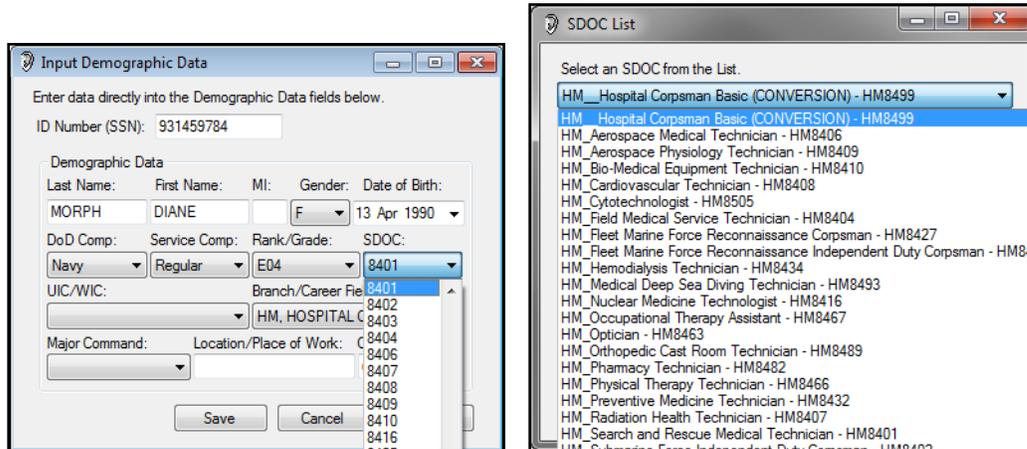


Enter patient demographics into the Input Demographic Data screen. Note cursor when you open the Input Demographic Data window is in the last name field, move it to the SSN field. Ensure you type in the SSN first, **use the tab not the mouse** and check each drop down window to get familiar with the data available. Hot keys are available. If you type in all the patient data and then find you have not typed in the SSN, as soon as you do all the information you just got done typing in will erase.

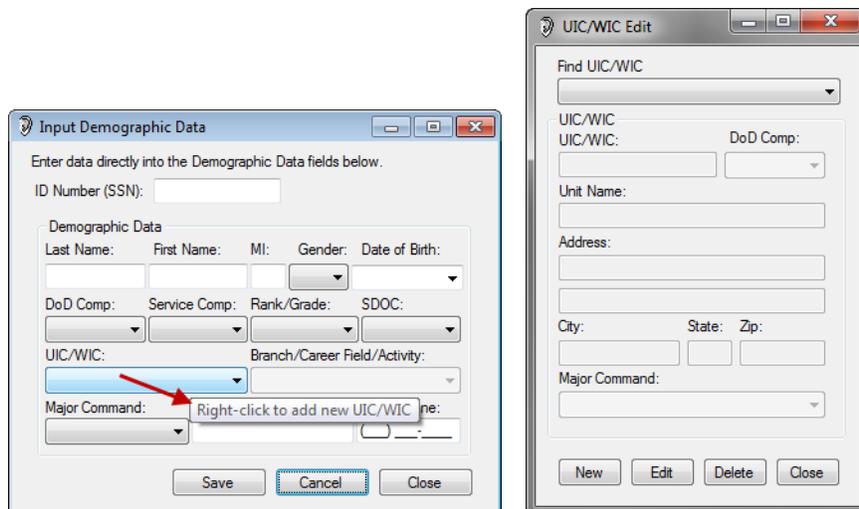
Do not use Service Comp “other” without the Regional Audiologist approval. Enter civilian employees as Federal Employees or Contractors. SDOC (Service Duty Occupational Code) is the MOS/NEC/NOBC. If you know the patients’ job but not their Code right click on the SDOC window and bring up a list to scroll through until found/selected. A spreadsheet of DOEHS-HC (USMC, Navy) SDOCs is available. Most Navy enlisted (NECs) and Marines (MOSs) have Conversion/Basic (transition positions).



Previous drop down selections will limit future drop down data. In the below figures data selected was **Navy, Enlisted** as you can see in the SDOC List by the Rates/NECs or NECs only may be displayed.

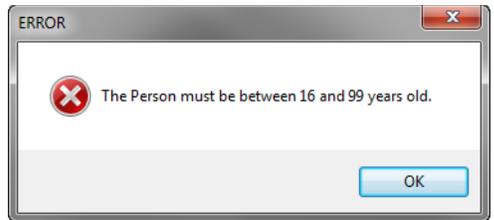
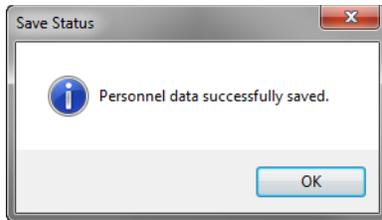
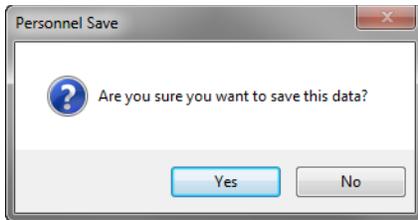


If the UIC is not in the drop down window, right click in the UIC field to bring up the Edit UIC window and add the UIC.



Continue to fill out the patient data. Location/place of work is the only field not standardized so you can free text information that can assist you locally. Examples: Bldg 14, Engine Dept., Work Code, etc. Comm. Phone stands for Commercial Phone number; a phone number you can get in touch with the patient if needed. Enter all data properly. **The same procedure of right clicking in a window will produce pop-up windows in most areas within DOEHRS-HC. Have the students enter Zachary Clemons Demographic Data below:**

Once completed press save. If any data is missing an error message will appear when you try to save it. Similar error messages will appear if you try to retrieve test results from the CCA-200 software with incomplete patient data. Data will be saved (retrieved in run test screen) if every required field is entered.



Dependents (non-DoD employees) and children under 16 will not be entered into DOEHRS-HC. Once a patient record is in your database, their data will surface when you type in their SSN. You still need to verify and update patient information as needed.

In the Run Test screen all fields remain inactive until you type in the SSN.

Enter data for patient Robert Jenkins. This patient filled out his Demographic Data Form correctly except he didn't know what his UIC was. COMNAVSAFECEN is located in Norfolk, VA. Be familiar with the core UICs in the local testing database.

DOEHRS-HC Demographic Data Form		Booth # _____
IDN (SSN and DODIDN):	911020001	9230826784
Last Name:	JENKINS	First Name: ROBERT MI: R
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr): 4/20/86
Component (select one):	DOD USCG USA USAF USMC <u>USN</u> Other (explain):	
Service Component (select one):	Contractor Federal Employee Foreign National <u>Regular</u> Reserve NG	
Rank/Grade:	E3 AFSC/MOS/NOBC/Rate & NEC/SDOC: AT6526	Unit: COMNAVSAFECEN
UIC/WIC/WPID:	Branch/Career Field/Activity:	Major Command: OPNAV
Work Location or Code:	NORFOLK, VA	Phone Number (include area code): 757-555-5555

Input Demographic Data

Enter data directly into the Demographic Data fields below.

ID Number (SSN): 911020001

Demographic Data

Last Name: JENKINS First Name: ROBERT MI: R Gender: M Date of Birth: 20 Apr 1986

DoD Comp: Navy Service Comp: Regular Rank/Grade: E03 SDOC: 6526

UIC/WIC: [Empty] Branch/Career Field/Activity: AT, AVIATION ELECTRONIC

Major Command: OPNAV Location/Place of Work: NORFOLK, VA Comm Phone: (757) 555-5555

Buttons: Save, Cancel, Close

Note: Changing the SSN doesn't change the demographic data. Press cancel to clear and then enter the SSN. If the UIC is not in the dropdown window, right click to add the UIC. To view SDOC – right click to bring up the full list.

PATIENT DEMOGRAPHIC DATA PRACTICUM

Enter the following patients in the Input Demographic Data screen.

DOEHRS-HC Demographic Data Form			Booth # _____
IDN (SSN and DODIDN):		911020002	9230826774
Last Name:	ARNETT	First Name:	JACOB
		MI:	C
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr):	1/3/90
Component (select one):	DOD USCG USA USAF <input checked="" type="radio"/> USMC USN Other (explain):		
Service Component (select one):	Contractor Federal Employee Foreign National <input checked="" type="radio"/> Regular Reserve NG		
Rank/Grade:	E3	AFSC/MOS/NOBC/Rate & NEC/SDOC:	6432
		Unit:	VMM 764
UIC/WIC/WPID:	?	Branch/Career Field/Activity:	
		Major Command:	4MAW
Work Location or Code:	HANGER		
	Phone Number (include area code):		

DOEHRS-HC Demographic Data Form			Booth # _____
IDN (SSN and DODIDN):		911020003	9230826764
Last Name:	WEST	First Name:	JASON
		MI:	D
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr):	12/20/62
Component (select one):	DOD USCG USA USAF USMC <input checked="" type="radio"/> USN Other (explain):		
Service Component (select one):	Contractor <input checked="" type="radio"/> Federal Employee Foreign National Regular Reserve NG		
Rank/Grade:	WQ8	AFSC/MOS/NOBC/Rate & NEC/SDOC:	9920
		Unit:	MSC CIVMARS EAST
UIC/WIC/WPID:	62381	Branch/Career Field/Activity:	
		Major Command:	MSC
Work Location or Code:	USNS LEWIS & CLARK		
	Phone Number (include area code):		
	757-555-5555		

Technicians need to be familiar with the core UICs, these UICs are in the local test site database. Note: the Branch and Career Field had only one selection. The major command should automatically load for USMC, USN and USCG if it is entered in the UIC database.

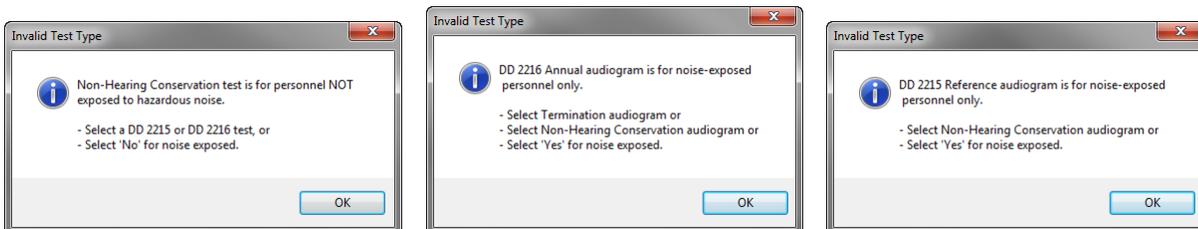
AUDIOGRAM TYPE

Class 20 minutes

This Chapter will review the Audiogram Type as seen below. This covers HCP, Test Type, ENT, NFH, Noise Exposure, HPD and Eye Wear. You will need to be familiar with the HCP in order to select the correct test type.

Enter SSN 911020001 in the Run Test screen.

Initial selection for Audiogram Type: Hazardous noise exposed (in the Hearing Conservation Program)? Yes/No. The choice selection will limit your audio test type. References, Annual, Follow-up 1 and 2 require “Yes”. An error message will appear if a chosen test doesn’t coincide with the noise exposed selection. Any other test selection will give you an Invalid Test Type error message. Similar error messages may appear if the test type is invalid with previous data selections made. An example is trying to do a follow-up test on a patient that does not have an STS.



Audiogram Type drop down selections are as follows:

DOEHRS-HC has 5 different reference audiograms. The reference that the current 2216 test will compare against is the earliest reference audiogram in the patients’ history. The exceptions to this are type 3 and type 4 reference audiograms. A type 3 reference is ear specific (can be one ear only) and re-established only after an STS is identified and confirmed. A type 4 reference requires both ears to be tested and is used only when there is a change in service. Reference (DD 2215) if selected is the only test type that requires a reason for the test. Reference audiograms require the patient to be 14 hours noise free.

Type 0 Reference - This is a reference that is entered in the “Run Test” screen when a 2216 test is chosen and there is not a reference audiogram in the local database for that patient. These type 0 (manually Entered) references cannot be printed and are only associated with the 2216 test for comparison purposes only.

Type 1 Reference - Prior to Initial Duty in Hazardous Noise Areas. Test selected if the patient does not have a previous service related reference audiogram and the patient is less than 30 days noise exposed.

Type 2 Reference - Following Exposure in Hazardous Noise Duties. Test selected if patient does not have a previous service related reference audiogram and the patient has 30 or more days of noise exposure.

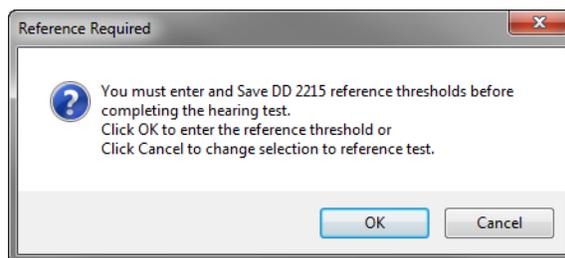
Type 3 Reference - Re-established After Follow-Up Program. Re-established after follow-up program, future 2216 hearing tests will compare against this reference audiogram (ear specific). The DD 2215 may be re-established whenever a patient demonstrates the following:

- Positive STS on a Follow-Up 2 test
- Positive STS on Follow-Up 1 test, without a Follow-Up 2 test, and it is 30/60/90 days (depending on DoD/Service Component) beyond the periodic.
- Positive STS on periodic test, without a Follow-Up 1 test, and it is 30/60/90 days (depending on DoD/Service Component) beyond the periodic.
- Negative STS confirmed on a follow-up test.

Type 4 Reference - Change in Service Component. (display a 4* in box 15 with an additional *explanation regarding the type 4 in the remarks section) Test selected if the patient has a previous service related reference audiogram in DOEHRSHC-DR and the patient has changed services. Do not use this reference reason if there are not any references in the DR under the patients' prior service. Future 2216 hearing tests will compare against this reference audiogram. Use of this reference reason because the patient has a previous reference audiogram in the DOEHRSHC-DR **AND** there is a "definitive" change in service:

- Former military personnel (Service Component = Regular, Reserve, or National Guard) change to civilian personnel (Service Component = Federal Employee, Contractor, or Foreign National).
- Former civilian personnel (Service Component = Federal Employee, Contractor, or Foreign National) change to military personnel (Service Component = Regular, Reserve, or National Guard).

Pre-Deployment; Post-Deployment; 90-Day; Annual; Termination; Follow-up 1; Follow-up 2 and "Other" are tests that are recorded on DD Form 2216. FU 1/FU 2 (positive STS) are the only 2216 tests that require the patient to be 14 hrs noise free. All DD Form 2216 tests compare the current test to a Reference audiogram. If the reference is not displayed in the Run Test screen it will need to be added when the test type is selected. The following pop-up window will appear. **Ensure you get the data from a DD Form 2215.** Change the test type if a DD Form 2215 is not available and the DR Inquiry did not bring back a reference audiogram. Note: For 2216 tests (not follow-up testing) it is recommended patients come directly from noise, if there are no STS then they are probably wearing their HPDs properly.



If the DD Form 2215 is available, enter the data (threshold levels and date of test) in the Run Test screen.

Reference Audiogram		Date:		Reason:		Date:		Reason:					
IDN (SSN)				Left		Right							
		.5k	1k	2k	3k	4k	6k	.5k	1k	2k	3k	4k	6k
		<input type="text"/>											
<input type="button" value="Save"/>													

To make corrections for data entered in error; complete the data entry in the current field then press **Shift/TAB**, go back and make corrections. **Enter the following reference threshold data for 911020001 in the run test screen.**

REFERENCE AUDIOGRAM										1. ZIP CODE (APO/FPO #AG)													
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)										00219													
2. DOD COMPONENT			3. SERVICE COMPONENT																				
N			R																				
4. SOCIAL SECURITY NUMBER			5. NAME (Last, First, Middle Initial)				6. DATE OF BIRTH		7. SEX														
911020001			JENKINS, ROBERT R				20 Apr 1986		M														
8. PAY GRADE		9. PAY GRADE		10. SERVICE DUTY OCCUPATION CODE		11. MAILING ADDRESS OF ASSIGNMENT																	
E01		CIVILIAN		9999		00763 RTC NTC GREAT LAKES IL 60088																	
12. LOCATION - PLACE OF WORK				13. MAJOR COMMAND			14. DUTY TELEPHONE																
60088				NAVCUITCOM			(757) 555-5555																
AUDIOMETRY																							
15. REASON FOR CONDUCTING AUDIOGRAM																							
L: 1 R: 1																							
1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS				2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES				3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM															
16. AUDIOMETRIC DATA																							
REF. ANGLE(S)																							
LEFT						RIGHT																	
17. DATE OF AUDIOGRAM																							
L: 10 Jun 2011 R: 10 Jun 2011																							
500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000	
0		-5		-5		-10		-5		0		0		-5		10		-5		-10		-10	

Press Save when data entry is complete.

Run Test

HL Data

IDN (SSN) 911020001

Reference Audiogram

IDN (SSN) Date: 10 Jun 2011 Reason: Date: 10 Jun 2011 Reason:

Demographic Data

Last Name: JENKINS First Name: ROBERT MI: R Gender: M Date of Birth: 20 Apr 1986

DoD Comp: Navy Service Comp: Regular Rank/Grade: E03 SDOC: 6526

UIC/WIC: 63393 (N) - COMNAVSAFEC Branch/Career Field/Activity: AT, AVIATION ELECTRONIC

Major Command: OPNAV Location/Place of Work: NORFOLK, VA Comm Phone: (757) 555-5555

Audiogram Data

Hazardous noise exposed? Yes (selected) No

Test Type: Annual (D) Type:

Reason:

Ear: Bot

ENT Problem?

NFHs:

Steady Noise

Hearing Protection

Primary Protection Used? No

Save Complete

The Reference Audiogram was successfully saved.

OK

The record is displayed (DOEHRS-HC) as a Manually Entered Reference Audiogram (type 0). Note: This record cannot be printed.

Edit Audiogram

Identification Number (SSN): 911020001 Find Advanced Search...

To edit a test, select the appropriate test date in the grid below and then click the 'Edit' button located at the bottom of this form.

HL Data

Date/Time	Type	Ref Est	L5K	L1K	L2K	L3K	L4K	L6K	L8K	R5K	R1K	R2K	R3K	R4K	R6K	R8K
6/10/2011	Manually Entered Reference	0M	-5M	-5M	-10M	-5M	0M	M	0M	-5M	10M	-5M	-10M	-10M	M	

No Form To Print

Cannot print tests with the selected type (Manually Entered Reference)

OK

Demographic Data

Last Name: JENKINS First Name: ROBERT MI: R Gender: M Date of Birth: 20 Apr 1986

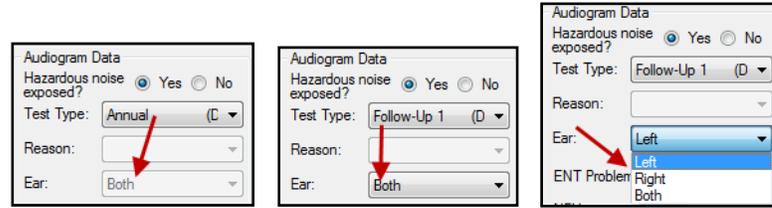
DoD Comp: Service Comp: Rank/Grade: SDOC:

Test Type: Manually Entered I Type:

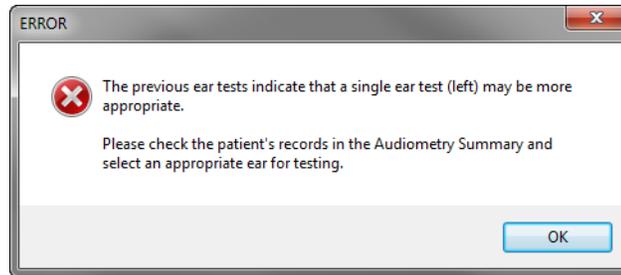
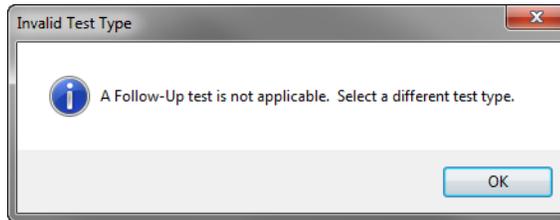
Reason:

Double Protection Used? No

Ear selection field on certain tests (annual as an example) is not activated, when it is active, it will default to specific ear(s) (follow-up testing) depending on the periodic test STS results and DoD/Service Component.



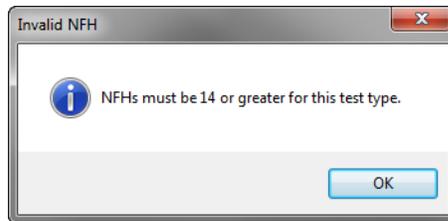
Changing the default may result in error messages appearing.



Sections for ENT issue are Yes, No or Unknown. The patient is present, ask them. **Unknown should be rarely used.**

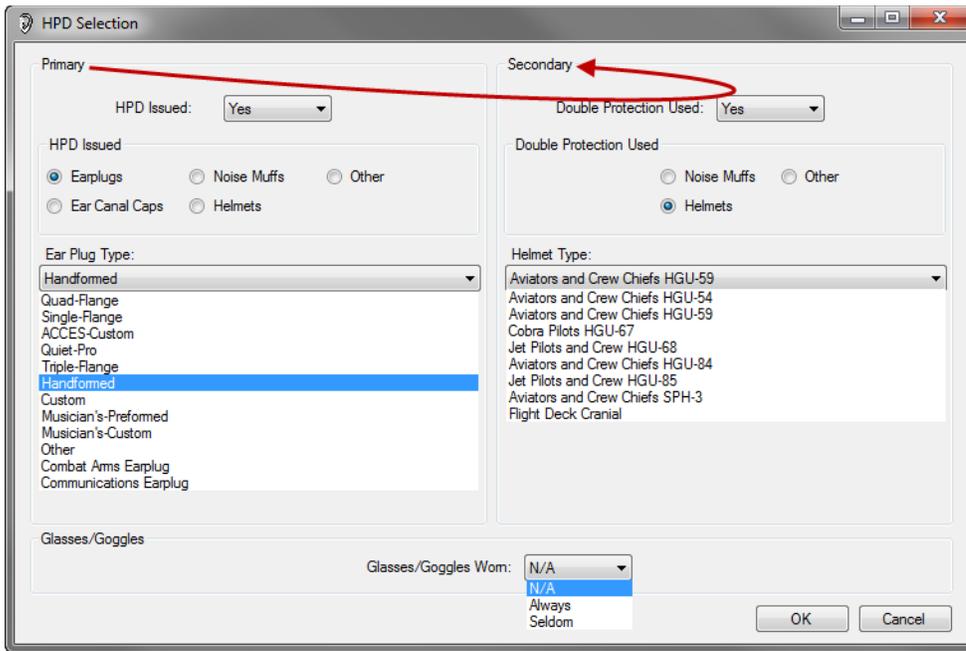
What type of hearing loss would lead you to suspect ENT issues? _____

Enter Noise Free Hours (NFH) in conjunction with the test type chosen. If these choices are incompatible, an error message will appear.

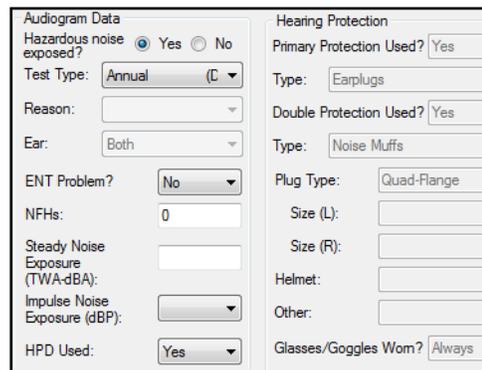
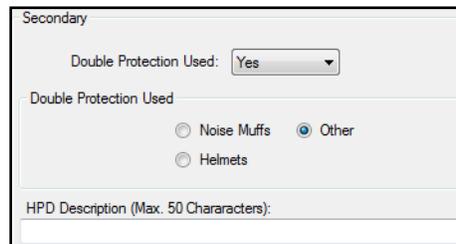
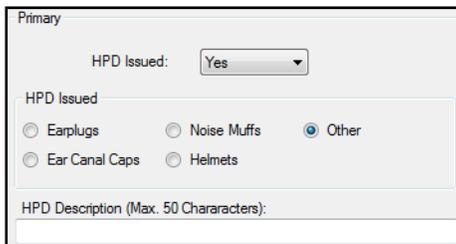


TWA-dBA and dBP exposure are located on the IH survey. If unknown, do not enter any data in these fields.

HPD question will display HPD (2215) Issued or HPD (2216) Worn depending on the test type. Select yes and the HPD Selection screen will appear. If a patient states they do not wear HCP and they are in the HCP recommend an electronic remark in addition to selecting no. Initial Primary HPD choice selection will limit the Secondary HPD selection to compatible HPD types. Choosing Ear Canal Caps will limit the selection to only Primary Hearing Protection Devices.



Choosing Noise Muffs will limit the Secondary HPD selection to Ear Plugs and Other. Selecting Ear Plugs will activate a drop down selection. Ear plug size will appear when selecting Single or Triple Flange earplugs. Once the selection is completed Double Protection Yes/No will need to be answered and further selections made. Choosing Helmets will activate a drop down selection. Choosing Other will bring up a “free text” window where the Hearing Protection Device can be manually entered. Once the selection is completed Double Protection Yes/No will need to be answered and further selections made. Glasses/Goggles Worn (Always, Seldom, N/A) is required to be entered as these may interfere with the HPD worn. Press **OK** when HPD selection is complete.



MANUALLY ENTERED REFERENCE AUDIOGRAM (Newly Created)

Class 10 minutes/Practicum 35 minutes

This chapter will put all the information you have previously learned into practice by manually entering an audiogram. There are 2 ways to manually enter (create) an audiogram; from scratch or from a previous record. Entering data from scratch may require inputting the following information: Patient UIC; Test Site Installation; Audiogram Test Type/Reason; New Examiner and Audiometer. Example: Test conducted by an Audiologist and entered by a technician.

This lesson will ensure you understand how the data entry in the sub-tables and fields interrelates with the various forms. Data integrity is very important. Audiologists conduct an Audiologic Evaluation and record results on the below form or one similar to it. Highlighted areas are the ones you need to use to entered evaluation as a reference audiogram.

AUDIOLOGY EVALUATION

PURE TONE AUDIOMETRY

Frequency in Hertz (Hz)

	125	250	500	1000	2000	4000	8000	12000
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								

Headphones Insert phones Test reliability: Good Fair Poor

OAE Results: DPOAE TEQAE

	L	R	L	R	L	R	L	R	L	R
Frequency										
Response										
Signal/Noise										
Comments:										
Stimulus level:	Points per octave:									

TYMPANOMETRY

	LEFT	RIGHT
Tympanogram Type		
Middle Ear Pressure (daPa)		
Static Compliance (ml)		
Ear Canal Volume		

Tympanogram Left

Tympanogram Right

Acoustic Reflex Contralateral Ipsilateral (probe ear)

Stimulus Frequency	L (SL)	R (SR)	L (SL)	R (SR)
500 Hz				
1000 Hz				
2000 Hz				
4000 Hz				
AR Decay 1K				

SR= Stimulus right ear SL= Stimulus left ear

	SAT/SRT	Mask	Word Recognition			MCL	UCL
			%	HL	Mask	S/N	
L							
R							
L							
R							
SF							
Aid							
Word Lists:	<input type="checkbox"/> Recorded <input type="checkbox"/> MLV						

PATIENT IDENTIFICATION

Last, First, MI:

SSN:

Rank/Rate:

Status: AD, RET, RES, DEP, CIV

Branch: N, MC, A, AF, CG

Command / UIC:

Examiner Name, Title, Certification

Audiometer Make, Model and Serial Number Calibration

Remarks:

Date: _____

Examiner Signature: _____

All data required to input the test is not located completely on the Audiologic Evaluation form. When at your test site, get the required information prior to attempting to enter the audiogram into DOEHS-HC. We will provide you with all the data required to enter the Audiology Evaluation conducted by an Audiologist for patient Jose Houston.

Re-establish the following audiogram performed by an Audiologist. ONCE YOU HAVE ENTERED THE AUDIOGRAM INTO DOEHS-HC, PROCEED AND CHECK YOUR DATA ENTRIES. Highlighted areas display data required in order to input the reference audiogram.

AUDIOLOGY EVALUATION

PURE TONE AUDIOMETRY

Frequency in Hertz (Hz)

Legend:
 Air Unmasked
 Air Masked
 Bone Unmasked
 Bone Masked
 No Response
 Sound Field

TYMPANOMETRY

	LEFT	RIGHT
Tympanogram Type	A _s	A
Middle Ear Pressure (daPa)	0	0
Static Compliance (ml)	.8	2.0
Ear Canal Volume	1.5	1.5

Tympanogram Left

Tympanogram Right

Stimulus Frequency	Contralateral		Ipsilateral (probe ear)	
	L (SL)	R (SR)	L (SL)	R (SR)
500 Hz	90	90	90	85
1000 Hz	NR	NR		
2000 Hz	90	90		
4000 Hz	NR	NR		
AR Decay 1K				

SR= Stimulus right ear SL= Stimulus left ear

Headphones Insert phones Test reliability: Good Fair Poor

OAE Results: DPOAE TEOAE

Frequency	L	R	L	R	L	R	L	R	L	R
Response										
Signal/Noise			N	T						

Comments:

Stimulus level: _____ Points per octave: _____

SPEECH AUDIOMETRY

	SAT/SRT	Mask	Word Recognition			MCL	UCL
			%	HL	Mask		
L	55	0	75	85	0	85	90
R	55	0	70	85	0	85	90
L							
R							
SF	55	0	60	80	0		
Aid	25	0	75	65	0		

Word Lists: Recorded MLV

PATIENT IDENTIFICATION

Last, First, MI: **HOUSTON, JOSE G**

SSN: **911030001**

Rank/Rate: **WG 9**

Status: AD, RET, RES, DEP, CIV

Branch: N, MC, A, AF, CG

Command / UIC: **62381**

Examiner Name, Title, Certification

KRISTINE MITCHELL

AUDIOLOGIST 129902N 3941

Auxiliary Make, Model and Serial Number Calibration

GSI GSI-61 07446 **1/6/2016**

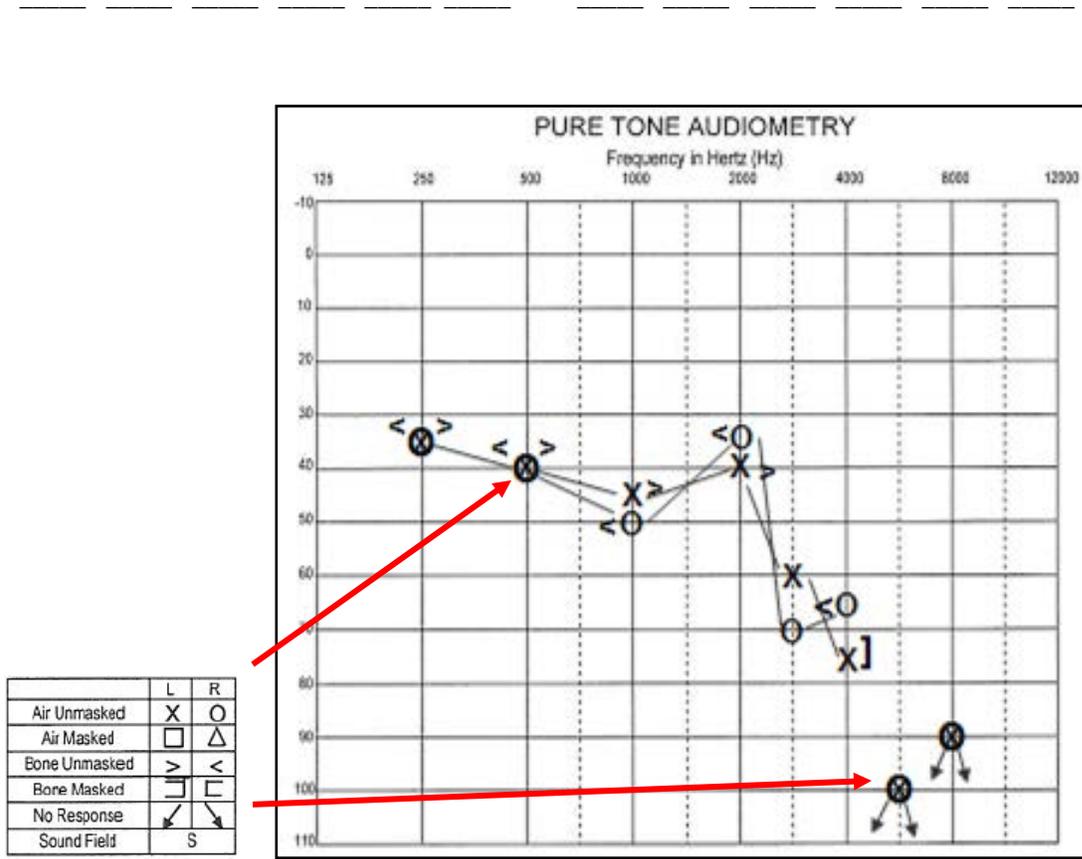
Remarks:

- BILAT HEARING AID USER
- NOT TO BE WORN IN NOISE HZ AREAS
- CLEARED FOR CURRENT POSITION
- RE-ESTABLISH BASELINE BILAT

Date: **3/4/2016 11:00A.M.**

Examiner Signature: *Kristine Mitchell*

The symbols on the audiogram (graph) description are located in the Legend. These are the threshold levels that need to be entered into DOEHS-HC. Recommend writing them down and then entering them into DOEHS-HC. Ensure the frequencies/threshold levels are entered correctly, 500Hz, 1000Hz, 2000Hz, 3000Hz, 4000Hz and 6000Hz. The evaluation shown has threshold levels for 250Hz thru 8000Hz. **Write down the thresholds levels prior to inputting them into DOEHS-HC.**



These sections have the patient data, Audiologist information, Audiometer information, Patient Data, Date and time of the test, required to re-establish baseline.

PATIENT IDENTIFICATION	
Last, First, MI:	HOUSTON, JOSE G
SSN:	911030001
Rank/Rate:	WG9
Status:	AD, RET, RES, DEP, CIV
Branch:	N, MC, A, AF, CG
Command / UIC:	62381

Examiner Name, Title, Certification	
KRISTINE MITCHELL	
AUDIOLOGIST 129902N	3941
Audiometer Make, Model and Serial Number	
GSI GSI-61 07446	Calibration
	1/6/2016

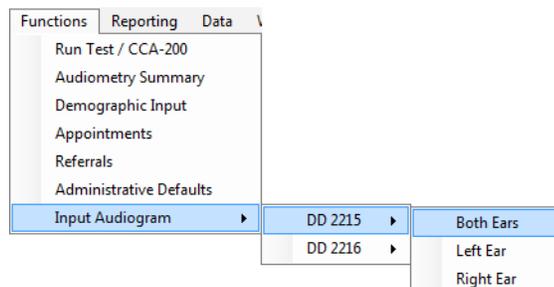
- RE-ESTABLISH BASELINE BILAT	
Date:	3/4/2016 11:00A.M.

Additional information is required to enter the Audiologist: SSN = 912140002, works in Audiology, Navy, Civilian employee, GS13, Speech Pathology & Audiology (Change to Order of Description), Testing booth is located at NMCPHC (68546), Portsmouth, VA. Complete Patient data is on the DOEHS-HC Patient Demographic Data Form.

Add an electronic remark inputted or entered into DOEHS-HC by _____.

DOEHRS-HC Demographic Data Form		Booth # _____
IDN (SSN and DODIDN):	911030001	9230825763
Last Name:	HOUSTON	First Name: JOSE MI: G
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr): 6/10/62	
Component (select one):	<input type="radio"/> DOD <input type="radio"/> USCG <input type="radio"/> USA <input type="radio"/> USAF <input type="radio"/> USMC <input checked="" type="radio"/> USN	Other (explain):
Service Component (select one):	<input type="radio"/> Contractor <input checked="" type="radio"/> Federal Employee	<input type="radio"/> Foreign National <input type="radio"/> Regular <input type="radio"/> Reserve <input type="radio"/> NG
Rank/Grade: W99	AFSC/MOS/NOBC/Rate & NEC/SDOC: ABLE SEAMAN	Unit: MSC CIVMARSEAST
UIC/WIC/WPID: 62381	Branch/Career Field/Activity: COMUSFLTFORCESCOM	Major Command:
Work Location or Code: SB	Phone Number (include area code): 757-555-5555	
Are you routinely exposed to hazardous noise or in the hearing conservation program? <input checked="" type="radio"/> Y <input type="radio"/> N		
Purpose of visit (circle one):	<input type="radio"/> Annual <input type="radio"/> Termination <input type="radio"/> Pre-employment	<input type="radio"/> Follow-up <input type="radio"/> Retirement/Separation <input type="radio"/> Non-hearing Conservation
	<input type="radio"/> Pre-deployment <input type="radio"/> Reference/Baseline <input type="radio"/> Other (explain): SEE AUDIOLOGIST	<input type="radio"/> Post-deployment <input type="radio"/> Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing? <input type="radio"/> Y <input checked="" type="radio"/> N		
How many hours have you been away from noise prior to this test? 16		
What specific type of Hearing Protection Devices (earpro) do you wear? SKULL SCREWS		
Do you wear double hearing protection? <input checked="" type="radio"/> Y <input type="radio"/> N		
If so, what additional Hearing Protection Devices (HPD)s do you wear? NOISE MUFFS		
Do you wear glasses or goggles while wearing HPDs? Always Seldom <input checked="" type="radio"/> N/A		
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)		
<input type="radio"/> Not bothered at all <input type="radio"/> Bothered a little <input checked="" type="radio"/> Bothered a lot		
Were you fit with HPDs today? <input checked="" type="radio"/> Y <input type="radio"/> N		
Were you previously fitted with HPDs? <input checked="" type="radio"/> Y <input type="radio"/> N		
Do you currently have your HPDs with you? <input checked="" type="radio"/> Y <input type="radio"/> N		
Was hearing health education provided today? <input checked="" type="radio"/> Y <input type="radio"/> N		

To enter an audiogram into DOEHRs-HC go to **Functions>Input Audiogram>Select test type**. Select ear(s) to be inputted. **What test type/reason are you about to enter?**



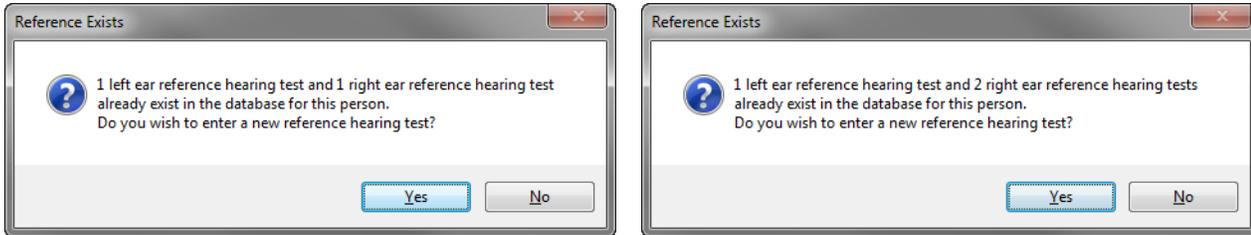
Do not go past this page until the audiogram is completely entered and saved.

CHECK AND CORRECT ANY MISTAKES, USE EDIT AUDIOGRAM WINDOW.

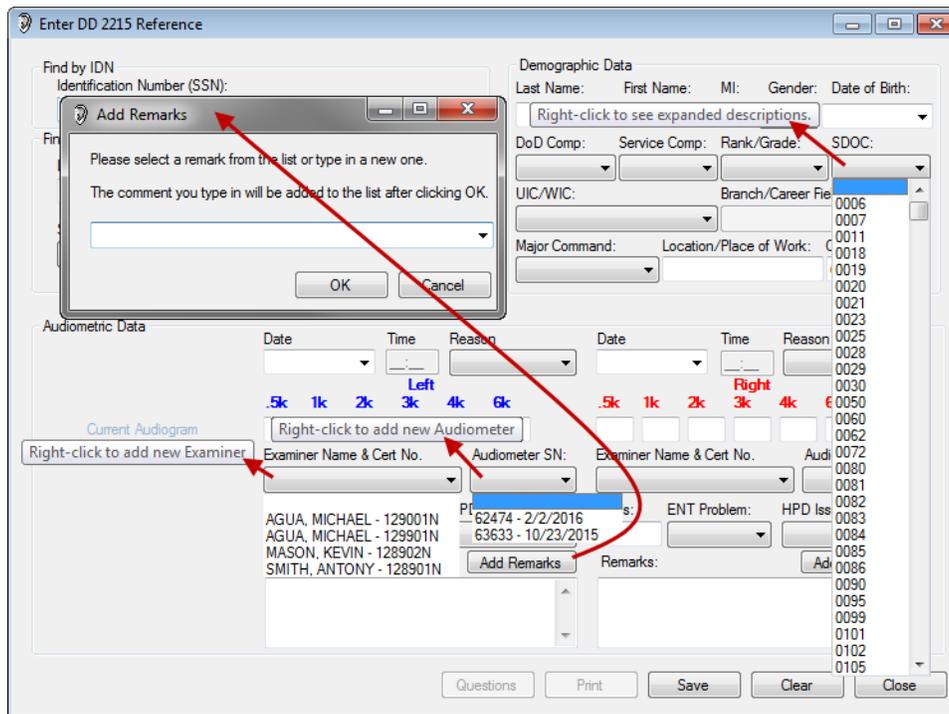
To re-establish the reference bilaterally you should have chosen DD Form 2215 both ears. Be careful not to press 'enter' after the SSN is entered as pop-up screens may appear/disappear without visibility due to pressing enter to quick.

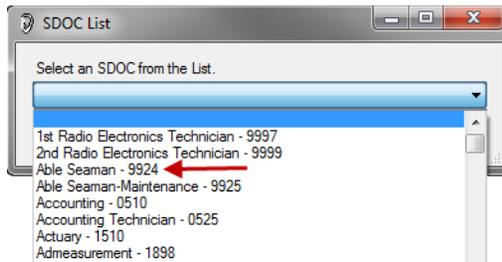
If an STS was present on the latest follow-up last (within prescribed service limits) or on an annual (exceeding prescribed service limits, unresolved STS) a re-established DD2215 window will appear asking if you would like to re-reference the reference using a previous test. We will review this process in the next chapter.

If a previous reference is present in the local database, a 'Reference Exists' window will appear telling of the reference history and ask do you want to enter a new reference audiogram. Press yes. Below are examples of the screen you will see.

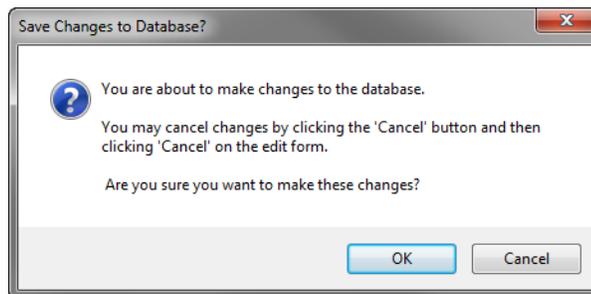
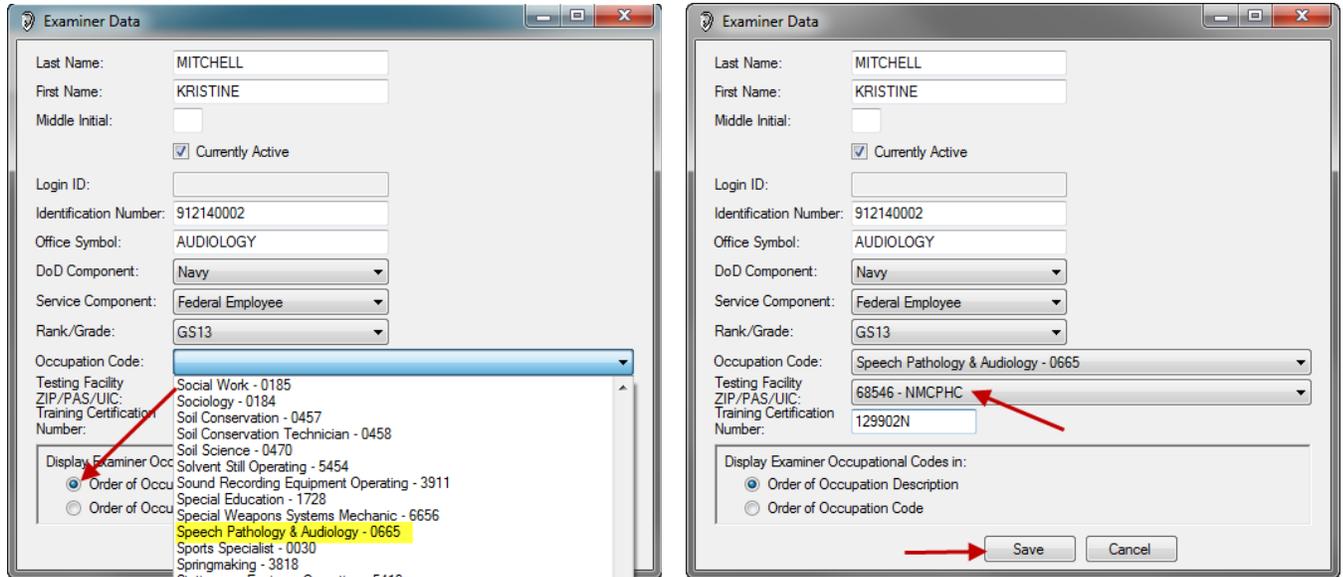


Enter DD 2215 Reference window will appear. Ensure you type in the patient SSN first. Type or verify patient Demographic data, SDOC – find by right click in field, UIC is 40442. Enter date/time of test, select test reason. Ensure you check both ears for correct dates. If only one ear is selected to be re-established, the other ear will not be active for data entry. Enter threshold levels for the audiogram. **Write the threshold values down prior to entering them into DOEHRs-HC.** Ensure you transfer the data correctly, 500Hz/40dB, 1000Hz/45dB etc. Any non-numeric thresholds are entered in UPPERCASE. **All future periodic test results will compare to this reference audiogram (ear specific).** If the examiner (audiologist) is not in the drop down window, right click in the examiner field to bring up the examiner data window.



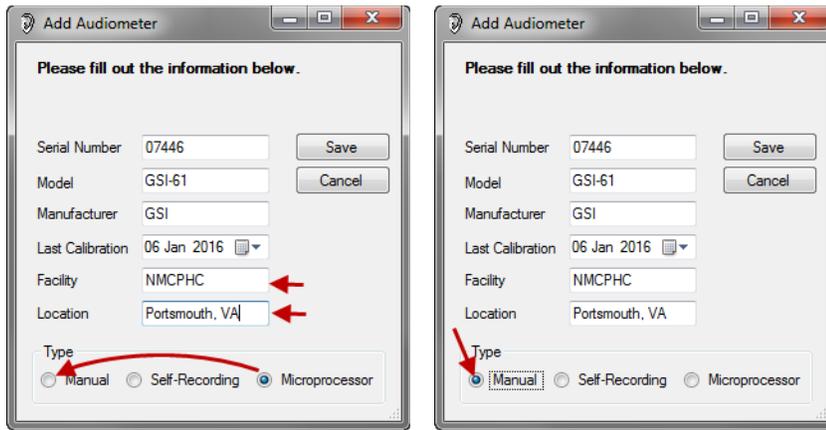


Expanded SDOC List. Examiner Data window appears; enter audiologist information. Ensure 'Currently Active' is checked. Order of Occupation Description lists drop down alphabetically. Order of Occupation Code lists drop down numerically. Make sure you enter the correct testing facility, this may not be your testing facility but is where this examiner is testing patients. Once complete, press save. Examiner will also be available for future selection.

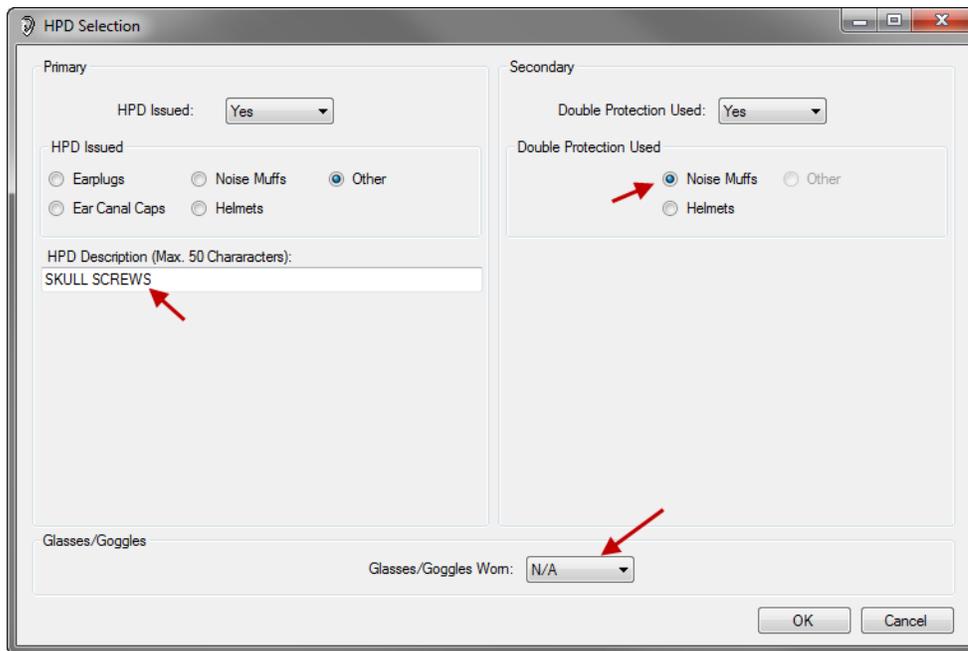


'Audiometer SN', the audiometer that was used to conduct this test is entered here. **If the audiometer/calibration date is not in the drop down window**, you need to right click on the Audiometer SN field and the Add Audiometer window will appear. **Add the audiometer. Is all the information correct?**

The defaulted information is geared toward CCA-200m not the manual audiometers the audiologist use. **Pay attention the date defaults to the present date; put in the correct date of calibration, change the audiometer type to Manual.**



Noise Free hours for references need to be at least 14 hrs. ENT Problems? An audiologist will not re-establish a reference audiogram on a patient with temporary conductive issues. The HPD selection window will appear when yes is selected in HPD issued window. Primary and Secondary hearing protection device selected. Glasses worn?



Enter remark by pressing the 'Add Remark' button. Example: **Inputted or entered into DOEHRS-HC by** . Once entered it will be in the drop down window for future selection.



Completed audiogram, check all data entry prior to saving.

Once Save is pressed, a Question window will appear. Answer the questions. Was Health Education (counseling) provided? Does the Patient experience Tinnitus?

Question	Yes/No
Patient fit today with HPD?	Yes
Patient previously fit with HPD?	Yes
Patient has HPD on their person for audiogram?	Yes
Hearing health education provided to patient today with audiogram?	Yes

Once saved, print the 2215. A referral may be generated. Referrals generate from the threshold levels of the audiogram and/or test type.

Entering a DD 2216 is the same except you need to enter the reference audiogram, (needs to be retrieved from the DR or manually entered from the medical record).

If the patient is not in the database, enter all data. If the patient is in the database, verify that all information is correct as you tab through the different fields.

Note: never manually input an audiogram with the same date and time of a patients record in their DOEHRs history.

REFERENCE AUDIOGRAM										1. ZIP CODE/APO/FPO/PAS			
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)										68546			
2. DOD COMPONENT					3. SERVICE COMPONENT								
A - ARMY N - NAVY					F - AIR FORCE M - MARINE CORPS 1 - OTHER					C - COAST GUARD R - REGULAR V - RESERVE G - NATIONAL GUARD 1 - OTHER			
N					1								
4. SOCIAL SECURITY NUMBER				5. NAME (Last, First, Middle Initial)				6. DATE OF BIRTH		7. SEX			
911030001				HOUSTON, JOSE G				10 Jun 1962		M		M - MALE F - FEMALE	
8. PAY GRADE UNIFORMED SERVICES		9. PAY GRADE CIVILIAN		10. SERVICE DUTY OCCUPATION CODE		11. MAILING ADDRESS OF ASSIGNMENT							
WG09		9924		62381 MSC CIVMARS EAST NORFOLK VA 23511									
12. LOCATION - PLACE OF WORK					13. MAJOR COMMAND			14. DUTY TELEPHONE (Include area code)					
SB					MSC			(757) 555-5555					
AUDIOMETRY													
15. REASON FOR CONDUCTING AUDIOGRAM													
L: 3 1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS													
R: 3 2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES													
3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM													
16. AUDIOMETRIC DATA RE: ANSI S3.6		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
17. DATE OF AUDIOGRAM		40M	45M	40M	60M	75M	NRM	40M	50M	35M	70M	65M	NRM
L: 04 Mar 2016 R: 04 Mar 2016													
18. MEETS REFERRAL CRITERIA			19. MILITARY TIME OF DAY (Optional)			20. HOURS SINCE LAST NOISE EXPOSURE		21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST					
L: 1 1 - NO R: 1 2 - YES			L: 11:00 R: 11:00			L: 16 R: 16		L: 1 1 - NO R: 1 2 - YES 3 - UNKNOWN					
22. EXAMINER													
a. NAME (Last, First, Middle Initial)				b. TRAINING CERTIFICATION NUMBER				c. SERVICE DUTY OCCUPATION CODE		d. OFFICE SYMBOL			
L: MITCHELL, KRISTINE R: MITCHELL, KRISTINE				L: 129902N R: 129902N				L: 0665 R: 0665		L: AUDIOLOGY R: AUDIOLOGY			
23. AUDIOMETER													
a. TYPE		b. MODEL			c. MANUFACTURER		d. SERIAL NUMBER		e. LAST ELECTROACOUSTIC CALIBRATION DATE				
L: 1 1 - MANUAL R: 1 2 - SELF RECORDING (Automatic) 3 - MICROPROCESSOR		L: GSI-61 R: GSI-61			L: GSI R: GSI		L: 07446 R: 07446		L: 06 Jan 2016 R: 06 Jan 2016				
24. PERSONAL HEARING PROTECTION													
a. TYPE ISSUED			b. SIZE EARPLUGS			c. DOUBLE PROTECTION USED		d. GLASSES WORN		e. FREQUENCY GLASSES WORN			
6 1 - SINGLE FLANGE (V51R) 2 - TRIPLE FLANGE 3 - HANDFORMED EARPLUG 4 - EAR CANAL CAPS			5 - NOISE MUFFS 6 - OTHER 7 - NONE			L R 1 - XS 4 - L 2 - S 5 - XL 3 - M		2 1 - NO 2 - YES		1 1 - NO 2 - YES		3 1 - ALWAYS 2 - SELDOM 3 - N/A	
25. REMARKS (Include Exposure Data)													
Navy 8 kHz Left Ear : NTM Navy 8 kHz Right Ear : NTM INPUTTED BY HM HOLMES, Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Other HPD: SKULL SCREWS, HPD Fit Today, HPD Prev Fit, HPD Present, Health Ed Prov, Tinnitus.													

MANUALLY ENTERED REFERENCE AUDIOGRAM (Newly Created) QUIZ

1. How often are audiometers added to the DOEHS-HC database?
2. How often is an Examiner added to the DOEHS-HC database?
3. What type of audiometer does the Audiologist normally use?
4. Name the 4 types of Reference audiograms that can be printed and explain when you would conduct them:
5. What test(s) require a reference audiogram?

MANUALLY ENTERED REFERENCE AUDIOGRAM (Previous Test)

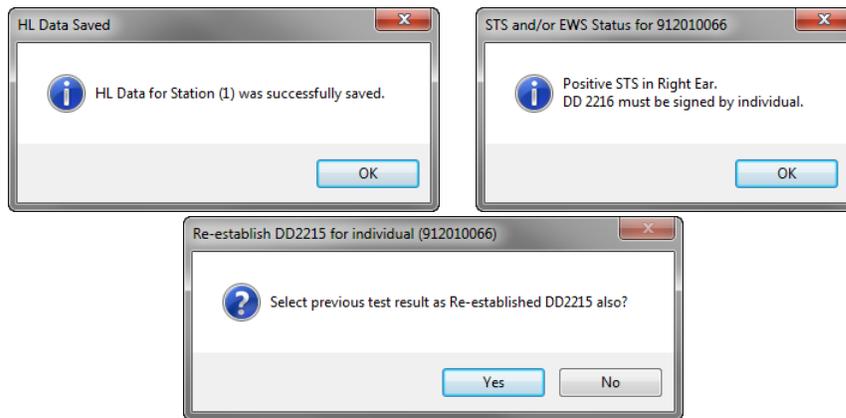
Class 5 minutes/Practicum 5 minutes

Input a 2215 from a previous test. There could be a negative or positive shift.

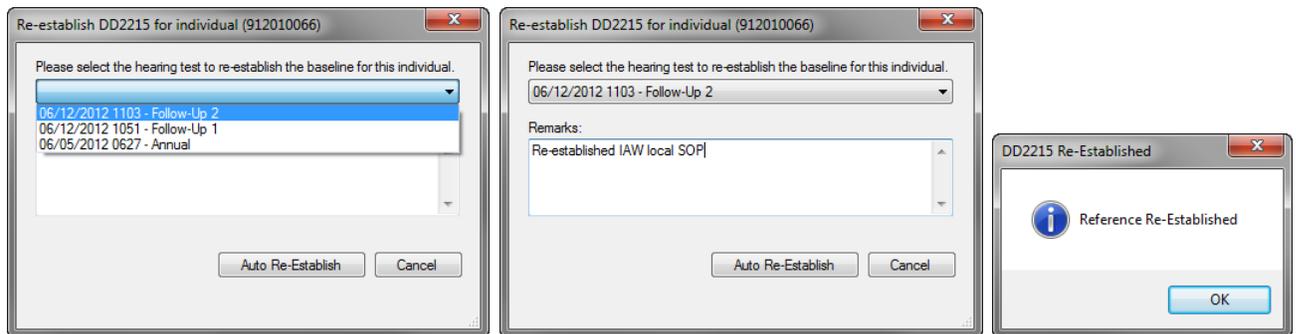
The software will automatically re-establish the baselines for a negative shift. Immediate retest, follow-up needs to occur after retrieval of the periodic test. When the Follow-up 1 test is retrieved into DOEHRs-HC the baseline will immediately be re-established. Pressing the print button in the run test screen will only print the DD Form 2216; you will need to go to audiogram edit or summary in order to print the reference.

Consult your Regional Audiologist on the process for positive shifts and re-establishing baselines. There should be a Standard Operating Procedure (SOP) established that will state the technicians' authorization in regards to re-establishing baselines. If not in the SOP you should not re-establish any references except negative shifts.

Testing Patient: When retrieving test data from the CCA-200 window (follow-up 2) the software will ask if you want to create a re-established baseline. Your response depends on the authority the Regional Audiologist gave to the audio technician in the local SOP. Do not re-establish baselines if you are not authorized to do so. If in doubt, do not re-establish the baseline, press no, and forward the referral and appropriate information to your Regional Audiologist. If you have the authority to re-establish the baseline press yes ensuring you add a remark on the 2215 on why it was re-established. Remember, you will need to go to audiogram edit or summary to print the DD Form 2215.



Above screen is asking if a previous test will be used as the re-established baseline. Select "yes" and the testing series will appear. Select the most appropriate audiogram as the baseline.



Baseline is re-established. This process is very easy/quick and the possibility of erroneously re-establishing a baseline is great. Ensure you have the authority to re-establish the baseline.

Have student go to edit audiogram, type in SSN: 912010066; view the final product of an audiogram that was re-established using a previous audiogram. Review patient audio history/remarks.

Edit Audiogram

Identification Number (SSN): 912010066

To edit a test, select the appropriate test date in the grid below and then click the 'Edit' button located at the bottom of this form.

HL Data

Date/Time	Type	Ref. Established	L5K	L1K	L2K	L3K	L4K	L6K	L8K	R5H	R1K	R2K	R3K	R4K	R6K	R8K
5/28/2013 10:1...	Termination		0	0	0	5	15	10	NT	0	5	5	20	25	10	NT
6/12/2012 11:0...	Reference	Re-Establ...								5	10	10	20	20	15	NT
6/12/2012 11:0...	Follow-Up 2									5	10	10	20	20	15	NT
6/12/2012 10:5...	Follow-Up 1									5	10	10	20	25	15	NT
6/5/2012 6:27 ...	Annual		5	5	0	5	10	20	NT	5	10	5	15	25	15	NT

HEARING CONSERVATION DATA
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)

1. ZIP CODE/ APO/FPO/PAS: 68546

2. DOD COMPONENT: N (A - ARMY, F - AIR FORCE, C - COAST GUARD, M - MARINE CORPS, 1 - OTHER) 3. SERVICE COMPONENT: 1 (R - REGULAR, V - RESERVE, G - NATIONAL GUARD, 1 - OTHER)

4. SOCIAL SECURITY NUMBER: 912010066 5. NAME: MCINTYRE, THOMAS R 6. DATE OF BIRTH: 09 Jun 1975 7. SEX: M (M - MALE, F - FEMALE)

8. PAY GRADE: WG11 9. PAY GRADE CIVILIAN: 2606 10. SERVICE DUTY OCCUPATION CODE: 40085 11. MAILING ADDRESS OF ASSIGNMENT: NORFOLK VA 23511

12. LOCATION - PLACE OF WORK: WC110 13. MAJOR COMMAND: NAVFACENGCOM 14. DUTY TELEPHONE: (757) 656-5655

15. AUDIOGRAM: 2. a. PURPOSE: 1 - 90 DAY, 2 - ANNUAL, 3 - TERMINATION, 4 - OTHER

RE ANSIBLE	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
b. CURRENT AUDIOGRAM DATE: 05 Jun 2012	5	5	0	5	10	20	5	10	5	15	25	15
c. REFERENCE AUDIOGRAM DATE: L: 24 Dec 2002, R: 24 Dec 2002	0	5	0	0	0	0	0	5	5	5	5	5
d. SIGNIFICANT THRESHOLD SHIFT (STS): L: 1, R: 2+	1 - NO, 2 - YES											
e. THRESHOLD SHIFT	0		5		10		5		0		10	

1. REMARKS: Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Other HPD: QuadFlan Permanent STS, I am aware of a change in my hearing, Signature Health Ed Prov.

2. TYPE OF PERSONAL HEARING PROTECTION USED: 6 (1 - SINGLE FLANGE (V61R), 2 - TRIPLE FLANGE, 3 - HAND FORMED EARPLUG, 4 - EAR CANAL CAPS, 5 - NOISE MUFFS, 6 - OTHER, 7 - NONE)

8. EXAMINER NAME: SMITH, ANTONY E 9. TRAINING CERTIFICATE NO.: 128901N 10. SERVICE DUTY OCCUPATION CODE: 0640 11. OFFICE SYMBOL: MEDICAL

12. AUDIOGRAM TYPE: 3 (1 - MANUAL, 2 - SELF-RECORDING, 3 - MICROPROCESSOR) 13. MODEL: CCA-200m 14. MANUFACTURER: Benson Medical 15. SERIAL NUMBER: 12123 16. LAST ELECTROACOUSTIC CALIBRATION DATE: 02 Jan 2012

17. FOLLOW-UP NO. 1: 14 a. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM (See Item 5.B)

RE ANSIBLE	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
b. CURRENT AUDIOGRAM DATE: 12 Jun 2012							5	10	10	20	25	15
c. REFERENCE AUDIOGRAM DATE: L: 24 Dec 2002, R: 24 Dec 2002	0	5	0	0	0	0	0	5	5	5	5	5
d. SIGNIFICANT THRESHOLD SHIFT (STS): R: 2+	1 - NO, 2 - YES											
e. THRESHOLD SHIFT							5		5		15	

8. EXAMINER NAME: SMITH, ANTONY E 9. TRAINING CERTIFICATE NO.: 128901N 10. SERVICE DUTY OCCUPATION CODE: 0640 11. OFFICE SYMBOL: MEDICAL

12. AUDIOGRAM TYPE: 3 (1 - MANUAL, 2 - SELF-RECORDING, 3 - MICROPROCESSOR) 13. MODEL: CCA-200m 14. MANUFACTURER: Benson Co. 15. SERIAL NUMBER: 62837 16. LAST ELECTROACOUSTIC CALIBRATION DATE: 02 Mar 2012

17. FOLLOW-UP NO. 2: 14 a. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM (See Item 5.B)

RE ANSIBLE	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
b. CURRENT AUDIOGRAM DATE: 12 Jun 2012							5	10	10	20	20	15
c. REFERENCE AUDIOGRAM DATE: L: 24 Dec 2002, R: 24 Dec 2002	0	5	0	0	0	0	0	5	5	5	5	5
d. SIGNIFICANT THRESHOLD SHIFT (STS): R: 2+	1 - NO, 2 - YES											
e. THRESHOLD SHIFT							5		5		15	

8. EXAMINER NAME: SMITH, ANTONY E 9. TRAINING CERTIFICATE NO.: 128901N 10. SERVICE DUTY OCCUPATION CODE: 0640 11. OFFICE SYMBOL: MEDICAL

12. AUDIOGRAM TYPE: 3 (1 - MANUAL, 2 - SELF-RECORDING, 3 - MICROPROCESSOR) 13. MODEL: CCA-200m 14. MANUFACTURER: Benson Co. 15. SERIAL NUMBER: 62837 16. LAST ELECTROACOUSTIC CALIBRATION DATE: 02 Mar 2012

DD FORM 2216E, MAY 96

Approved for Electronic Generation by WTS-DIOR
PREVIOUS EDITIONS ARE OBSOLETE

For Official Use Only

Edit Audiogram

Identification Number (SSN): 912010066

You may now edit the demographic data for the selected test. You may only edit the thresholds if they have been manually entered (an 'M' will immediately follow the threshold). To edit the thresholds click the 'Edit HL Values' button. When finished editing this record, click the 'Save' button at the bottom of the form. To cancel your changes, click the 'Reset' at the bottom of this form.

HL Data

Date/Time	Type	Ref. Established	L.5K	L.1K	L.2K	L.3K	L.4K	L.6K	L.8K	R.5K	R.1K	R.2K	R.3K	R.4K	R.6K	R.8K
5/28/2013 10:1...	Termination		0	0	0	5	15	10	NT	0	5	5	20	25	10	NT
6/12/2012 11:0...	Reference	Re-Establ...								5	10	10	20	20	15	NT
6/12/2012 11:0...	Follow-Up 2									5	10	10	20	20	15	NT
6/12/2012 10:5...	Follow-Up 1									5	10	10	20	25	15	NT
6/5/2012 6:27 ...	Annual		5	5	0	5	10	20	NT	5	10	5	15	25	15	NT

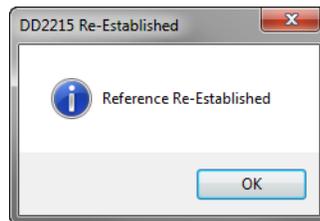
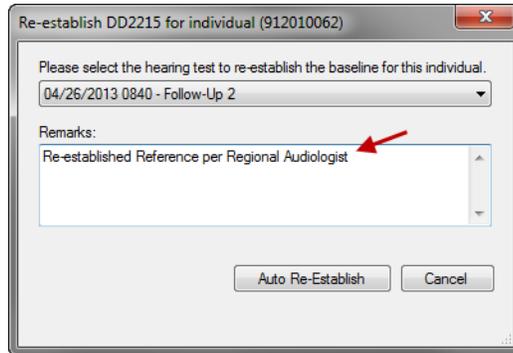
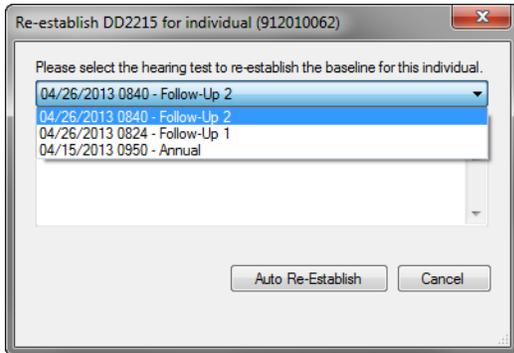
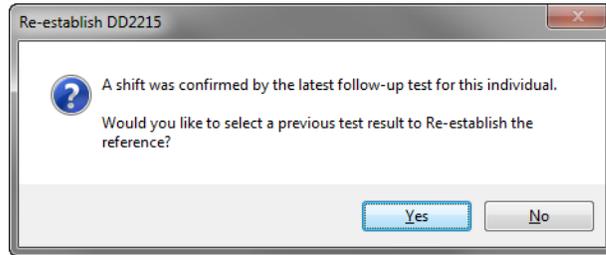
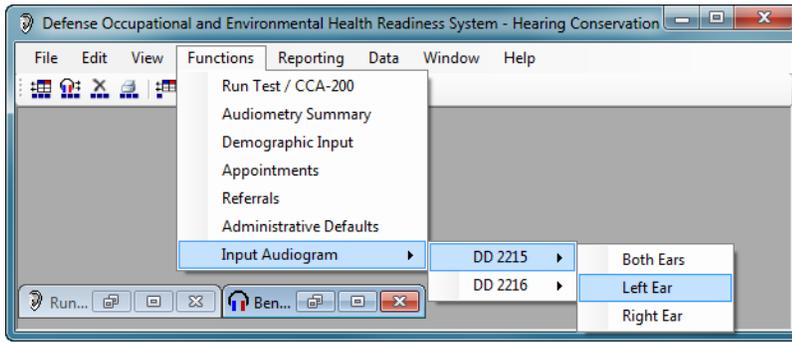
REFERENCE AUDIOGRAM										1. ZIP CODE/APO/PO/PAS																
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)										68546																
2. DOD COMPONENT					3. SERVICE COMPONENT																					
N					1																					
4. SOCIAL SECURITY NUMBER			5. NAME (Last, First, Middle Initial)				6. DATE OF BIRTH		7. SEX																	
912010066			MCINTYRE, THOMAS R				09 Jun 1975		M		M - MALE F - FEMALE															
8. PAY GRADE UNIFORMED SERVICES		9. PAY GRADE CIVILIAN		10. SERVICE DUTY OCCUPATION CODE		11. MAILING ADDRESS OF ASSIGNMENT																				
		WG11		2606		40085 NAVFAC MIDLANT NORFOLK VA 23511																				
12. LOCATION - PLACE OF WORK					13. MAJOR COMMAND			14. DUTY TELEPHONE (Include area code)																		
WC110					NAVFAC			(757) 555-5555																		
AUDIOMETRY																										
15. REASON FOR CONDUCTING AUDIOGRAM																										
L: 1 R: 3				1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS				2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES				3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM														
16. AUDIOMETRIC DATA RE: ANSI S3.6			LEFT						RIGHT																	
			500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000	
17. DATE OF AUDIOGRAM			0		5		0		0		0		0		5		10		10		20		20		15	
L: 24 Dec 2002 R: 12 Jun 2012																										
18. MEETS REFERRAL CRITERIA				19. MILITARY TIME OF DAY (Optional)				20. HOURS SINCE LAST NOISE EXPOSURE				21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST														
L: 1 R: 2				1 - NO 2 - YES				L: 08:08 R: 11:04				L: 14 R: 14				L: 1 R: 1				1 - NO 2 - YES 3 - UNKNOWN						
22. EXAMINER																										
a. NAME (Last, First, Middle Initial)						b. TRAINING CERTIFICATION NUMBER			c. SERVICE DUTY OCCUPATION CODE			d. OFFICE SYMBOL														
L: KEEFE, YVETTE C R: SMITH, ANTONY E						L: 028901N R: 128901N			L: 0640 R: 0640			L: MEDICAL R: MEDICAL														
23. AUDIOMETER																										
a. TYPE			b. MODEL			c. MANUFACTURER			d. SERIAL NUMBER			e. LAST ELECTROACOUSTIC CALIBRATION DATE														
L: 3 R: 3			1 - MANUAL 2 - SELF-RECORDING (Automatic) 3 - MICROPROCESSOR			L: CCA-200 R: CCA-200m			L: Benson Co. R: Benson Co.			L: 02123 R: 62837			L: 02 Jan 2002 R: 02 Mar 2012											
24. PERSONAL HEARING PROTECTION																										
a. TYPE ISSUED				b. SIZE EARPLUGS				c. DOUBLE PROTECTION USED				d. GLASSES WORN				e. FREQUENCY GLASSES WORN										
6				1 - SINGLE FLANGE (VSI/R) 2 - TRIPLE FLANGE 3 - HANDFORMED EARPLUG 4 - EAR CANAL CAPS				L R 1-XB 4-L 2-B 5-XL 3-M				1 1-NO 2-YES				1 1-NO 2-YES				3 1-ALWAYS 2-BELOW 3-NA						
25. REMARKS (Include Exposure Data)																										
Navy 8 kHz Left Ear: NT Navy 8 kHz Right Ear: NT Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered. Health Ed Prov. *****TRAINING AUDIOGRAM***** (L), Other HPD: Quad-Flange(R), Re-established Reference IAW local SOP: used Follow-up #2(R).																										

Patient Referral: Follow-up testing series has finished Richard Tuttle, 912010062. The audiogram/referral processed through proper channels.

HEARING CONSERVATION DATA											1. ZIP CODE/APO/FPO/PAS																		
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)											68546																		
2. DOD COMPONENT			A - ARMY N - NAVY			F - AIR FORCE M - MARINE CORPS			C - COAST GUARD 1 - OTHER			3. SERVICE COMPONENT																	
N									1			R - REGULAR V - RESERVE		G - NATIONAL GUARD 1 - OTHER															
4. SOCIAL SECURITY NUMBER				5. NAME (Last, First, Middle Initial)					6. DATE OF BIRTH			7. SEX																	
912010062				TUTTLE, RICHARD E					25 Nov 1957			M M - MALE F - FEMALE																	
8. PAY GRADE UNIFORMED SERVICES		9. PAY GRADE CIVILIAN		10. SERVICE DUTY OCCUPATION CODE		11. MAILING ADDRESS OF ASSIGNMENT																							
		WG10		5210		40085 NAVFAC MIDLANT (68546) NORFOLK VA 23511																							
12. LOCATION - PLACE OF WORK						13. MAJOR COMMAND			14. DUTY TELEPHONE (Include area code)																				
CRANE RIGGING						NAVFAC			(757) 555-5555																				
15. AUDIOMETRY		2		a. PURPOSE		1 - 90 DAY		2 - ANNUAL		3 - TERMINATION		4 - OTHER																	
AUDIOMETRIC DATA RE: ANSI S3.6				LEFT						RIGHT																			
				500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000			
b. CURRENT AUDIOGRAM DATE 15 Apr 2013				10		0		10		20		30		20		5		0		5		15		20		25			
c. REFERENCE AUDIOGRAM DATE L: 08 Feb 2011 R: 08 Feb 2011				10		0		5		10		5		20		10		10		0		10		15		20			
d. SIGNIFICANT THRESHOLD SHIFT (STS) L: 2+ R: 1		e. THRESHOLD SHIFT		1 - NO 2 - YES		0		5		10		25						-10		5		5		5					
f. REMARKS (Include Exposure Data)											g. TYPE OF PERSONAL HEARING PROTECTION USED																		
Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Permanent STS, I am aware of a change in my hearing. Signature _____, Asymmetric Loss, Health Ed Prov,HPD Prev Fit.											3 1 - SINGLE FLANGE (VSTR) 2 - TRIPLE FLANGE 3 - HAND FORMED EARPLUG 4 - EAR CANAL CAPS 5 - NOISE MUFFS 6 - OTHER 7 - NONE																		
h. EXAMINER NAME (Last, First, Middle Initial)						i. TRAINING CERTIFICATE NO.			j. SERVICE DUTY OCCUPATION CODE		k. OFFICE SYMBOL																		
SMITH, ANTONY E						128901N			0640		MEDICAL																		
l. AUDIOMETER TYPE			m. MODEL			n. MANUFACTURER			o. SERIAL NUMBER		p. LAST ELECTROACOUSTIC CALIBRATION DATE																		
3 1 - MANUAL 2 - SELF-RECORDING 3 - MICROPROCESSOR			CCA-200m			Benson Medical			62837		02 Jan 2013																		
16. FOLLOW-UP NO. 1				14		a. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM						(See Item 15 B)																	
AUDIOMETRIC DATA RE: ANSI S3.6						LEFT						RIGHT																	
						500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000	
b. CURRENT AUDIOGRAM DATE 26 Apr 2013						10		0		20		35		30		25													
c. REFERENCE AUDIOGRAM DATE L: 08 Feb 2011 R: 08 Feb 2011						10		0		5		10		5		20		10		10		0		10		15		20	
d. SIGNIFICANT THRESHOLD SHIFT (STS) L: 2+ R: 1				e. THRESHOLD SHIFT		1 - NO 2 - YES		0		15		25		25															
f. EXAMINER NAME (Last, First, Middle Initial)						g. TRAINING CERTIFICATE NO.			h. SERVICE DUTY OCCUPATION CODE		i. OFFICE SYMBOL																		
SMITH, ANTONY E						128901N			0640		MEDICAL																		
j. AUDIOMETER TYPE			k. MODEL			l. MANUFACTURER			m. SERIAL NUMBER		n. LAST ELECTROACOUSTIC CALIBRATION DATE																		
3 1 - MANUAL 2 - SELF-RECORDING 3 - MICROPROCESSOR			CCA-200m			Benson Medical			62837		02 Jan 2013																		
17. FOLLOW-UP NO. 2				14		a. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM						(See Item 15 B)																	
AUDIOMETRIC DATA RE: ANSI S3.6						LEFT						RIGHT																	
						500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000	
b. CURRENT AUDIOGRAM DATE 26 Apr 2013						0		0		15		30		35		25													
c. REFERENCE AUDIOGRAM DATE L: 08 Feb 2011 R: 08 Feb 2011						10		0		5		10		5		20		10		10		0		10		15		20	
d. SIGNIFICANT THRESHOLD SHIFT (STS) L: 2+ R: 1				e. THRESHOLD SHIFT		1 - NO 2 - YES		0		10		20		30															
f. EXAMINER NAME (Last, First, Middle Initial)						g. TRAINING CERTIFICATE NO.			h. SERVICE DUTY OCCUPATION CODE		i. OFFICE SYMBOL																		
SMITH, ANTONY E						128901N			0640		MEDICAL																		
j. AUDIOMETER TYPE			k. MODEL			l. MANUFACTURER			m. SERIAL NUMBER		n. LAST ELECTROACOUSTIC CALIBRATION DATE																		
3 1 - MANUAL 2 - SELF-RECORDING 3 - MICROPROCESSOR			CCA-200m			Benson Medical			62837		02 Jan 2013																		

Referral with disposition instructions was found in the medical record. Baseline was never re-established in DOEHS. Re-establish baseline IAW the SF 600.

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT		TREATING ORGANIZATION <i>(Sign each entry)</i>
4/30/2013	HEARING CONSERVATION DISPOSITION		
	Name :	TUTTLE, RICHARD E	SSN : 912010062
	Referral Date :	8/17/2013	Test Date : 4/26/2013
	Rank/Grade :	WG10	Service Duty Occupation Code : 5210
	Work Address :		Phone : (757) 555-5555
	NORFOLK VA 23511		
	<u>Reason for Referral :</u>		
	<input checked="" type="checkbox"/> Positive STS	<input type="checkbox"/> Masking Required	
	<input type="checkbox"/> Asymmetrical Hearing Loss	<input type="checkbox"/> Medical Referral	
	<input type="checkbox"/> Invalid Test	<input type="checkbox"/> Fitness and Risk Evaluation	
	<input type="checkbox"/> DD 2215 - Low-Frequency Loss	<input type="checkbox"/> HPD Difficulty	
	<input type="checkbox"/> DD 2215 - High-Frequency Loss	<input type="checkbox"/> Other:	
	<u>Results (Assigned by Audiologist, ENT or Physician) :</u>		
	<input type="checkbox"/> Tinnitus:	<u>Provisional Diagnosis:</u>	
	<input type="checkbox"/> Pending Further Evaluation	<input type="checkbox"/> Noise - Induced Sensorineural Hearing Loss	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Conductive Hearing Loss - Chronic	
		<input type="checkbox"/> Conductive Hearing Loss - Resolved	
		<input type="checkbox"/> Mixed Hearing Loss	
		<input type="checkbox"/> Sensorineural Hearing Loss	
		<input type="checkbox"/> Retrocochlear Hearing Loss	
	<u>Recommendations (Assigned by Audiologist, ENT or Physician) :</u>		
	<input checked="" type="checkbox"/> Return to Duty, No Restrictions	<u>F & R Results:</u>	
	<input type="checkbox"/> Return to Duty, Restrictions as Indicated	<input type="checkbox"/> Retain	
	<input type="checkbox"/> Remove From Hazardous Noise - Permanent	<input type="checkbox"/> Accomodate	
	<input type="checkbox"/> Remove from Hazardous Noise - Temporary	<input type="checkbox"/> Remove	
	<input checked="" type="checkbox"/> Re-establish Reference Audiogram		
	<input checked="" type="checkbox"/> Re-fit and Counsel re: HPD		
	<input type="checkbox"/> Further Follow-up Recommended		
	<input type="checkbox"/> Perform Fitness and Risk (F&R) Assessment		
	<input type="checkbox"/> Other:		
	<u>Remarks :</u>		
	Mild HFSNHL/+STS (Left Ear); Use F/U #2 results to re-establish baseline ; PT fit and counseled on use of HPD. Reviewed 4/30/13 DR. Kristine Mitchell		
	<u>Return To :</u>		
PATIENT'S IDENTIFICATION <small>(Use this space for Mechanical Imprint)</small>	RECORDS MAINTAINED AT:		
	PATIENT'S NAME <small>(Last, First, Middle Initial)</small>		SEX
	TUTTLE, RICHARD E		M
	RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	SAME	CIVILIAN	WG10
	SPONSOR'S NAME		ORGANIZATION
	TUTTLE, RICHARD E		40085
DEPART /SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
NAVY	912010062	11/25/1957	
CHRONOLOGICAL RECORD OF MEDICAL CARE			STANDARD FORM 600E
For Official Use Only			



Once done, print the form.

REFERENCE AUDIOGRAM										1. ZIP CODE/APO/FFO/PAS			
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)										68546			
2. DOD COMPONENT					3. SERVICE COMPONENT								
A - ARMY F - AIR FORCE C - COAST GUARD N - NAVY M - MARINE CORPS 1 - OTHER					R - REGULAR G - NATIONAL GUARD V - RESERVE 1 - OTHER								
4. SOCIAL SECURITY NUMBER			5. NAME (Last, First, Middle Initial)				6. DATE OF BIRTH		7. SEX				
912010062			TUTTLE, RICHARD E				25 Nov 1957		M		M - MALE F - FEMALE		
8. PAY GRADE UNIFORMED SERVICES		9. PAY GRADE CIVILIAN		10. SERVICE DUTY OCCUPATION CODE		11. MAILING ADDRESS OF ASSIGNMENT							
		WG10		5210		40085 NAVFAC MIDLANT NORFOLK VA 23511							
12. LOCATION - PLACE OF WORK					13. MAJOR COMMAND			14. DUTY TELEPHONE (Include area code)					
CRANE RIGGING					NAVFAC			(757) 555-5555					
AUDIOMETRY													
15. REASON FOR CONDUCTING AUDIOGRAM													
L: 3 1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS 2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES 3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM R: 3													
16. AUDIOMETRIC DATA		LEFT						RIGHT					
RE: ANSI S3.6		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
17. DATE OF AUDIOGRAM		0	0	15	30	35	25	10	10	0	10	15	20
L: 26 Apr 2013 R: 08 Feb 2011													
18. MEETS REFERRAL CRITERIA			19. MILITARY TIME OF DAY (Optional)			20. HOURS SINCE LAST NOISE EXPOSURE			21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST				
L: 1 1 - NO R: 1 2 - YES			L: 08:41 R: 08:56			L: 14 R: 0			L: 1 1 - NO R: 1 2 - YES 3 - UNKNOWN				
22. EXAMINER													
a. NAME (Last, First, Middle Initial)					b. TRAINING CERTIFICATION NUMBER			c. SERVICE DUTY OCCUPATION CODE		d. OFFICE SYMBOL			
L: SMITH, ANTONY E R: MAYNARD, WAYNE H					L: 128901N R: 118901N			L: 0640 R: 0640		L: MEDICAL R: MEDICAL			
23. AUDIOMETER													
a. TYPE		b. MODEL			c. MANUFACTURER			d. SERIAL NUMBER		e. LAST ELECTROACOUSTIC CALIBRATION DATE			
L: 3 1 - MANUAL R: 3 2 - SELF-RECORDING (Automatic) 3 - MICROPROCESSOR		L: CCA-200m R: CCA-200m			L: Benson Medical R: Benson Co.			L: 62837 R: 11123		L: 02 Jan 2013 R: 02 Jan 2011			
24. PERSONAL HEARING PROTECTION													
a. TYPE ISSUED		b. SIZE EARPLUGS			c. DOUBLE PROTECTION USED		d. GLASSES WORN		e. FREQUENCY GLASSES WORN				
3 1 - SINGLE FLANGE (MSIR) 5 - NOISE MUFFS 2 - TRIPLE FLANGE 6 - OTHER 3 - HANDFORMED EARPLUG 7 - NONE 4 - EAR CANAL CAPS		L R 1 - XS 4 - L 2 - S 5 - XL 3 - M			2 1 - NO 2 - YES		1 1 - NO 2 - YES		3 1 - ALWAYS 2 - SELDOM 3 - NA				
25. REMARKS (Include Exposure Data)													
Navy 8 kHz Left Ear : NT Navy 8 kHz Right Ear : NT Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Health Ed Prov(L), HPD Prev Fit(L), Re-established Reference per Regional Audiologist(L), *****TRAINING AUDIOGRAM***** (R).													

DD FORM 2215E, MAY 96

PREVIOUS EDITIONS ARE OBSOLETE
Approved for Electronic Generation by WHS-DIOR

For Official Use Only

CCA-200 (Patient Testing)

Class 20 minutes/Practicum 20 minutes

Prepare your equipment for patient testing. **Conduct Functional Check/Daily Calibrations prior to class.** This is normally done only once a day. We will review both the automatic and manual testing in this chapter. Ensure the booth number(s) in DOEHRS-HC are bold and the CCA-200 is available (working) for patient testing.

The screenshot shows the 'Run Test' software window. At the top, there are two rows of frequency buttons for 'Left Ear' (.5k, 1k, 2k, 3k, 4k, 6k, 8k) and 'Right Ear' (.5k, 1k, 2k, 3k, 4k, 6k, 8k). The 'HL Data' section includes 'IDN (SSN)' fields and 'TRPC' buttons. A red callout box with a white background and a red border points to the 'HL Data' section, containing the text: 'Function Check and Calibrations completed successfully'. Below this are buttons for 'Transfer All Station', 'Retrieve All Stations', 'Print All Stations', and 'Clear All Stations'. The 'Reference Audiogram' section has 'IDN (SSN)', 'Date', and 'Reason' dropdowns for both 'Left' and 'Right' ears. The 'Demographic Data' section includes fields for 'Last Name', 'First Name', 'MI', 'Gender', 'Date of Birth', 'DoD Comp', 'Service Comp', 'Rank/Grade', 'SDOC', 'UIC/WIC', 'Branch/Career Field/Activity', 'Major Command', 'Location/Place of Work', and 'Comm Phone'. The 'Audiogram Data' section includes 'Hazardous noise exposed?' (Yes/No), 'Test Type', 'Reason', 'Ear', 'ENT Problem?', 'NFHs', 'Steady Noise Exposure (TWA-dBA)', 'Impulse Noise Exposure (dB)', and 'HPD Issued'. The 'Hearing Protection' section includes 'Primary Protection Used?', 'Type', 'Double Protection Used?', 'Type', 'Plug Type', 'Size (L)', 'Size (R)', 'Helmet', 'Other', and 'Glasses/Goggles Worn?'. At the bottom, there are 'Questions' and 'Close' buttons.

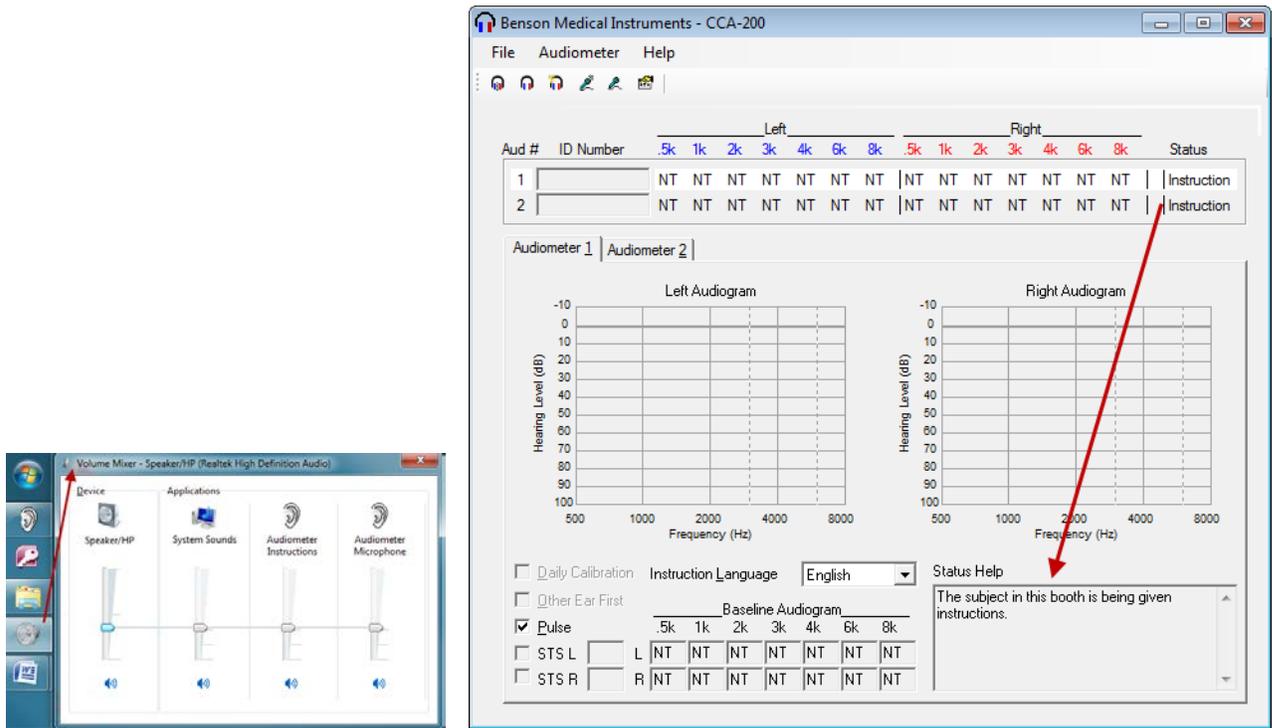
Prepare the patient for testing. Collect Patients Demographic Data Sheet. Collect Patients Medical Record. Perform Otoscope Examination (if needed). Explain what to expect during testing. Give the patient clear pre-test instructions: **remove glasses, chewing gum/tobacco, barrettes, earrings, hearing aids; turn off pagers/cell phones and explain the software will give automatic start/error instructions. These instructions are presented to the patient prior to putting on the headphones.**

Special testing situations: test the better ear first; unilateral hearing losses may require intervention by audiologist; claustrophobic patients; patients with tinnitus or extreme hearing loss; collapsing ear canals. Do not test draining ears, external otitis.

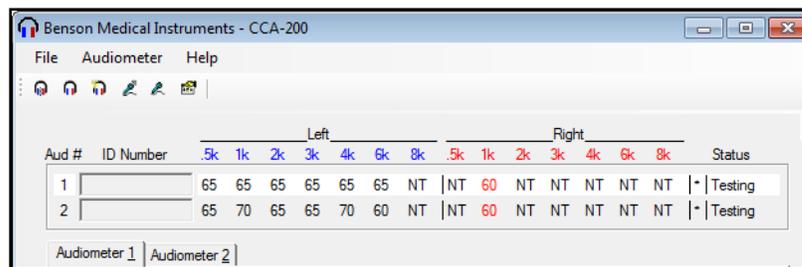
Ensure the patient is at the correct testing station. Write station number on the demographic sheet. Headphones on properly, red on right, diaphragm centered over ear canal, headband on top of patients head, snug fit without squeezing. Patient has response switch in-hand.

Close the booth door, start patient testing in the CCA-200 software. **Have the patients test while you input/verify their data in DOEHRS-HC.** There are various ways to start, stop, clear and conduct manual testing (menu, hot keys, Icon and right clicking on test line).

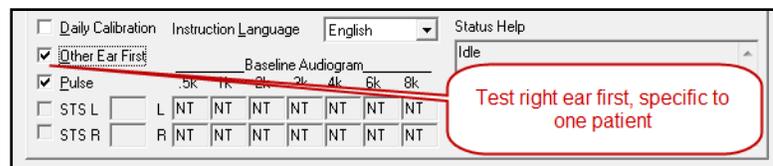
Patient testing starts with instructions: “This is a hearing check. You will be listening for some tones. When you hear a tone, press the button once and quickly release the button. No matter how faint the tone, press the button when you hear the tone and quickly release the button. Upon completion of your hearing check, please remain seated and quiet until the operator releases you.” **Adjust message volume to an acceptable level prior to testing patients.**

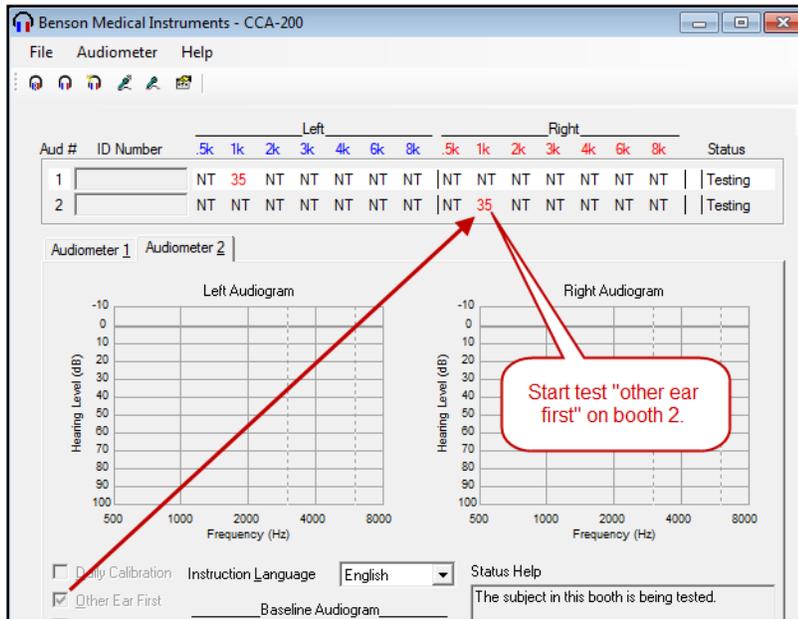


Audio Testing starts on the left ear at 1000Hz (confirmation test). Social Security Number is not in the CCA-200 window (ID Number) because patient data transfer has not occurred from the Run Test window yet.



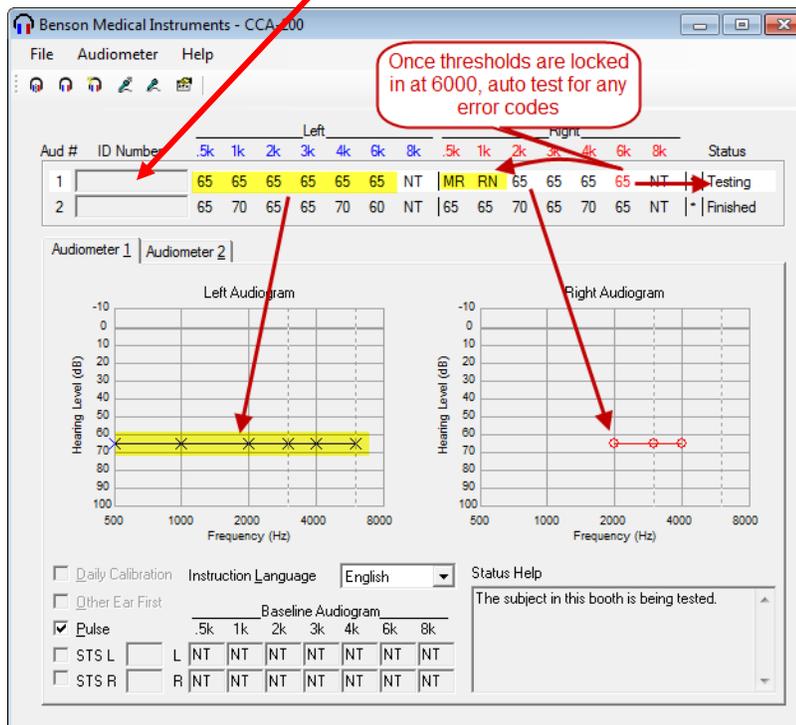
Audio testing can begin first on the right ear by checking Other Ear First prior to starting the test. This is a viable option when one ear only needs to be tested during the follow-up testing sequence. **Note if only one ear required testing you can retrieve their data as soon as that ear is complete even if the other ear is not finished. You could do 2 follow-up tests on a single ear in the same time test on other patients (both ears) are accomplished.**





Above test started on the right ear. Input and/or verify patient data off of the Patient Demographic Data Form/Medical Record while patients are being tested and monitor the testing.

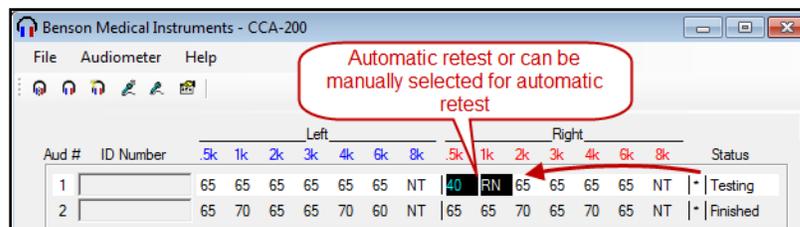
Thresholds levels “lock in” when a patient responds to same dB level twice in an ascending manner. Testing length depends on the patient; some finish faster than others. The **graph mirrors testing** and locks in the dB level after the patient responds twice to the tone in an ascending manner. **Note: Patient data has not been transferred from the Run Test screen to the CCA-200 window.**



Error Codes are as follows: NR/No Response, NT/Not Tested, MR/Multiple Response, SE/Subject Error, CR/Continuous Response, RN/Retest Not Valid, PT/Presentation Timeout.

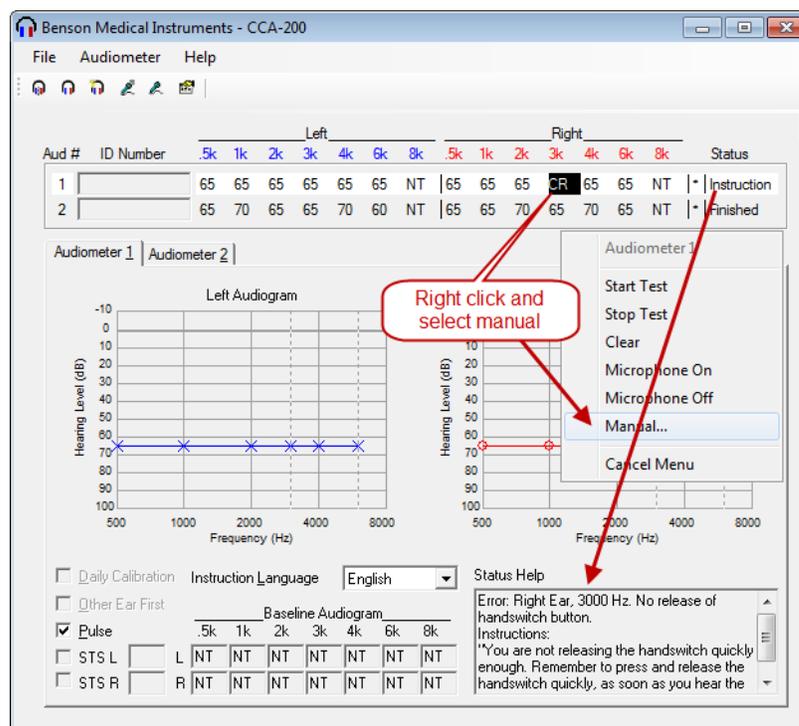
Frequencies may highlight automatically and when the final frequency on the initial testing has been completed, the software will retest highlighted frequencies. You can also manually create and/or remove the retest (highlight) by left clicking on it.

Automatic re-test: Depending on the test configuration, invalid thresholds (error codes), thresholds >90dB, thresholds at 500 Hz >30dB, adjacent frequencies differ by >50dB, thresholds between ears differ (same frequency) by >40dB, thresholds are +/-15dB from reference and/or thresholds +/-10dB from reference at 2000 Hz, 3000 Hz or 4000 Hz.



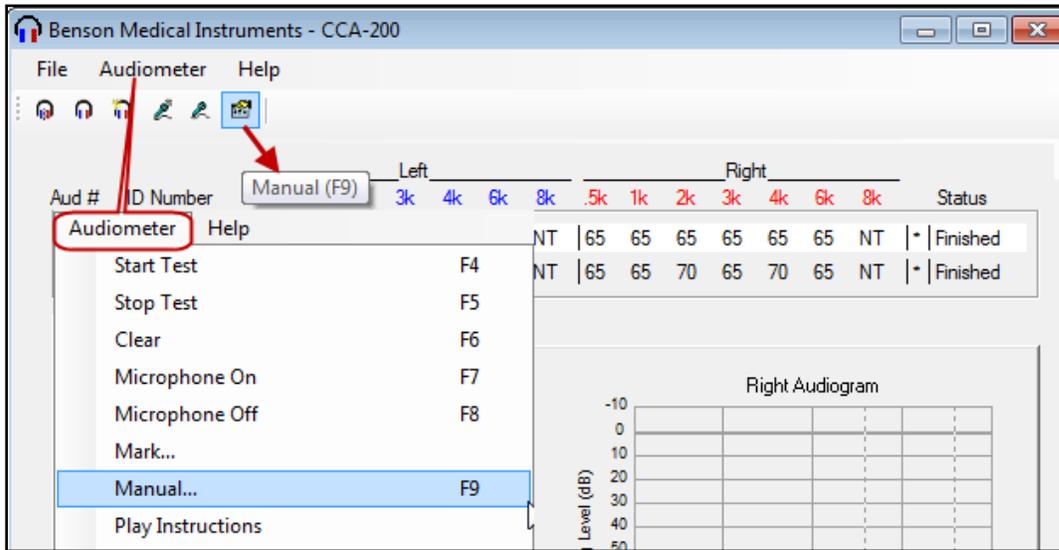
Manually retest frequencies when Cross Hearing is suspected, questionable results, patient is having problems testing or results differ greatly from the last test.

Manual Test Technique: Select the frequency and ear you want to test. Start at 0dB. Conduct a sweep at 20 dB until the patient responds. Present stimulus (tones). Bracketing method is used, dB level will increase by 5dB (no patient response) decrease by 10dB (patient responds). Pulsed tone presentation (3 tones). Vary stimulus interval to counter patient guessing. Verify patient response by presenting the same Hz/dB level of the initial patient response. Continue Bracketing Method of down 10dB and up 5dB (semi-automatic) until the patient responds at the same decibel level 2 out of 3 times in an ascending fashion. Recorded threshold level will appear when 'locked-in'. Work quickly but carefully. Ensure the patient cannot observe your presentation of tones. Below patient is having some issues, we will manually test the 3000 Hz right ear.

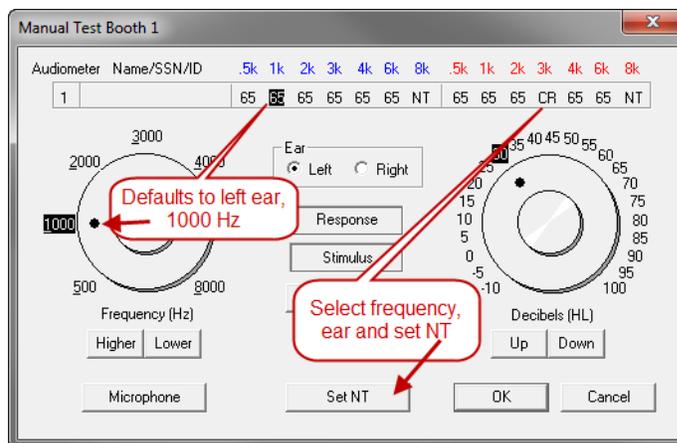


There are several ways to bring up the Manual Test Booth window. Previously we right clicked anywhere along the booth test row.

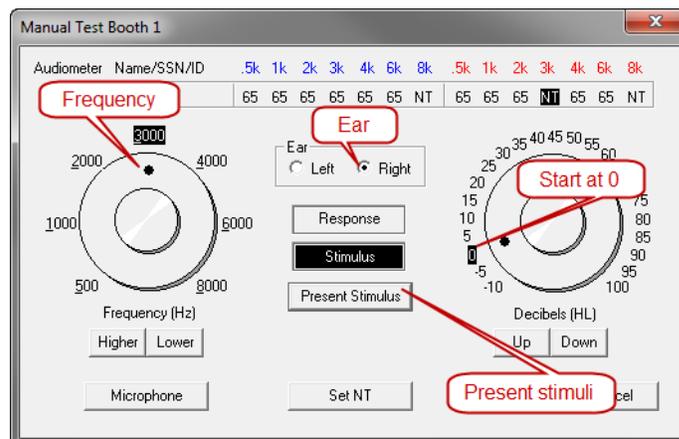
You can also bring up the Manual Booth Test window (single station booth only), by using the drop down from audiometer hot key F9 or click on the Icon in the tool bar.



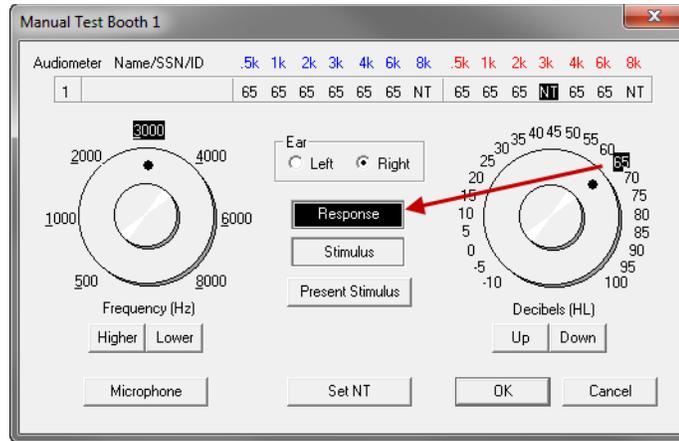
Manual Test screen appears. Threshold levels will be present if they are locked in from the automatic test. **Software automatically defaults to Left ear, 1000Hz, 30dB;** ensure you change to the frequency/ear you want to test. Start testing frequency at 0dB.



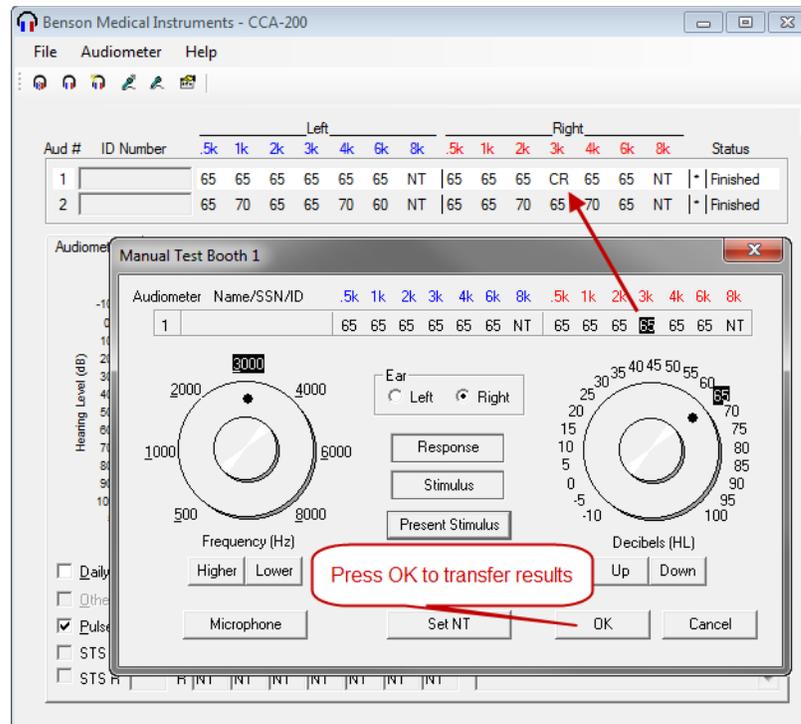
Change the frequency to 3000, select Right Ear, and change the dB level to 0 and **Set NT** (Not Tested), so you are aware when a threshold level locks in. Threshold level will lock in automatically when patient responds twice in an ascending manner. Present Stimulus to patient, dB level will increase/decrease depending on the patient response.



Patient responding to the tones being presented.

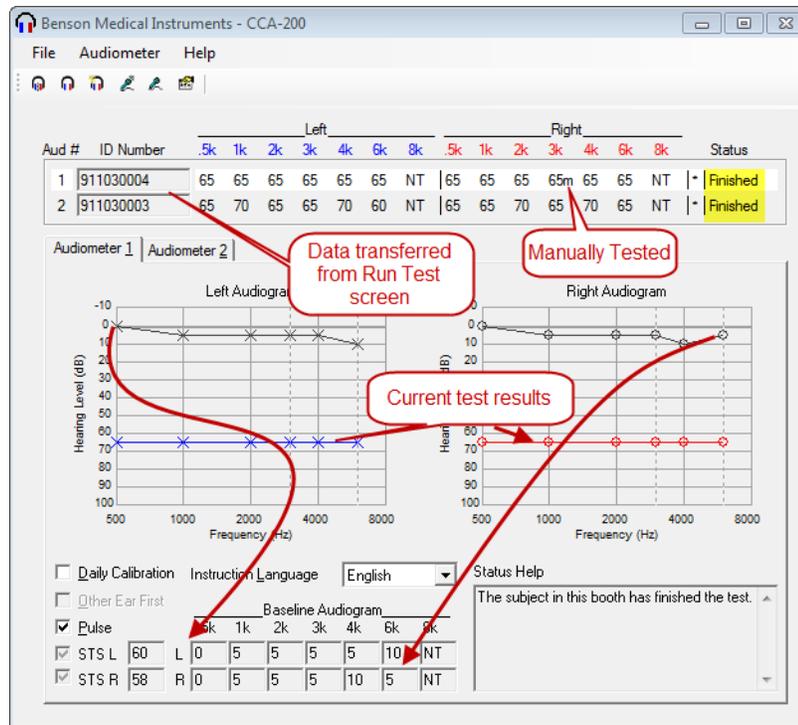


Threshold level locked in, ensure you press 'OK' not cancel or the manual threshold result will not transfer to the patient test.



Have the students practice doing Manual Testing locking in threshold levels and having class proctors review their process.

Test is finished. Notice the 3000Hz decibel level is displayed as 5m (manually tested) this will only appear in the CCA-200 window. The “m” will not be displayed in the run test screen or on the printed test.



Once patient data is transferred from DOEHRS-HC to the CCA-200 software you can physically see the reference threshold levels in comparison to the current test on the audio graph. Assess test results and mentally prepare patient counseling (threshold levels, STS, etc) for additional testing and counseling preparation.

Software may be set up to “Keep Busy” when the patient test is complete. Tone presentation continues and the patient responds to them; these responses are not recorded as the patient test is completed. This option is normally used in multi-station booths to keep patients busy until all tests are complete.

Here is a brief overview of what should occur.

1. Receive Medical Record and Demographic Data Form
2. Review forms, question the patient if you need additional information
3. Write booth number on Demographic Form, place patient in booth (correct location)
4. Give patients pre-test instructions
5. Ensure patient have the headphones on properly and have the response switch in hand
6. Close booth door
7. Start patient tests
8. Input patient data and select test type, keeping an eye on the testing that is occurring in the CCA-200 window
9. Transfer patient data from the Run Test window to the CCA-200 window
10. Review patient tests and mentally prepare counseling thoughts
11. Retrieve data from the CCA-200 window into the Run Test window, paying attention to any pop-up messages that appear
12. Answer applicable pop-up window questions
13. Print test(s) and counsel patient(s)
14. Provide Follow-up testing, process referrals appropriately

CCA-200 (Patient Testing) QUIZ

1. In regards to Audio Testing, when would an Otoscopic Examination be performed?
2. What would you do if you notice a patient continuously pressing and holding the headphones against their ears during testing?
3. When would you manually test a specific frequency?
4. What instructions does a patient need prior to placing the headphones on?
5. Explain the “Bracketing” technique.
6. What should the technician do while the patient is testing?
7. What does the error code NR, NT and MR stand for?
8. Why do you review the test data prior to retrieving it into Run Test window?

DOEHRS-HC Demographic Data Form		Booth # _____
IDN (SSN and DODIDN):	<u>911030002</u>	<u>9230825750</u>
Last Name:	<u>DELOACH</u>	First Name: <u>JAMAL</u> MI: <u>Q</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yr):	<u>10/14/80</u>
Component (select one):	DOD <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input checked="" type="checkbox"/> USN <input type="checkbox"/> Other (explain):	
Service Component (select one):	Contractor <input type="checkbox"/> Federal Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> NG	
Rank/Grade: <u>E6</u>	AFSC/MOS/NOBC/Rate & NEC/SDOC: <u>A06801</u>	Unit: <u>Fleet Readiness Center SE</u>
UIC/WIC/WPID:	Branch/Career Field/Activity:	Major Command:
Work Location or Code: <u>KEYWEST FL</u>	Phone Number (include area code):	<u>239-555-5555</u>
Are you routinely exposed to hazardous noise or in the hearing conservation program? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Purpose of visit (circle one):	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-deployment <input type="checkbox"/> Post-deployment	
	<input type="checkbox"/> Termination <input type="checkbox"/> Retirement/Separation <input type="checkbox"/> Reference/Baseline <input type="checkbox"/> Accession/Commissioning	
	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Non-hearing Conservation <input type="checkbox"/> Other (explain):	
Do you have any Ear, Nose or Throat problems today that affect your hearing? Y <input checked="" type="checkbox"/> N		
How many hours have you been away from noise prior to this test? <u>16</u>		
What specific type of Hearing Protection Devices (earpro) do you wear? <u>EAR MUFFS</u>		
Do you wear double hearing protection? Y <input checked="" type="checkbox"/> N		
If so, what additional Hearing Protection Devices (HPD)s do you wear?		
Do you wear glasses or goggles while wearing HPDs? <input checked="" type="checkbox"/> Always <input type="checkbox"/> Seldom <input type="checkbox"/> N/A		
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)		
<input checked="" type="checkbox"/> Not bothered at all <input type="checkbox"/> Bothered a little <input type="checkbox"/> Bothered a lot		
Were you fit with HPDs today? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Were you previously fitted with HPDs? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
Do you currently have your HPDs with you? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		

Reviewing the patient's Medical Record (Deloach) you locate the most recent 2215 it is a [type 3 (L/R)] which has the following testing results. Normally if connected to the internet and a DR Inquiry was conducted this information would have downloaded into the database.

15. REASON FOR CONDUCTING AUDIOGRAM													
L: 3	1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS				2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES				3 - REFERENCE RE -ESTABLISHED AFTER FOLLOW -UP PROGRAM				
R: 3	LEFT							RIGHT					
16. AUDIO METRIC DATA RE: ANSIS3.6	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000	
17. DATE OF AUDIOGRAM L: 09 Feb 2010 R: 09 Feb 2010	35	35	40	45	55	45	45	50	55	60	65	60	

Perform the test completely. Transfer, retrieve and print test prior to continuing with this chapter. Once complete move on and check your work.

Once the SSN is entered in the Run Test screen, the software will automatically do a DR inquire if the computer and the DOEHRs-HC Application is connected to the internet. If the DOEHRs-DR account information is not entered the Login screen will appear. This screen is associated with the examiner who is logged into DOEHRs-HC. A DOEHRs DR account is required to conduct audio testing.

If the DR Inquiry brings back patient data; **ensure you check it and make updates/corrections as needed.** Use the Tab key to move from one field to the next to ensure all appropriate data has been entered. Patient testing may finish prior to all patient data being entered. This may happen when you first start testing. Speed will come with experience.

Correct data needs to be entered. If you make a mistake, complete the field you are currently in and then ‘Shift/Tab’ back to the mistake and enter the correct data.

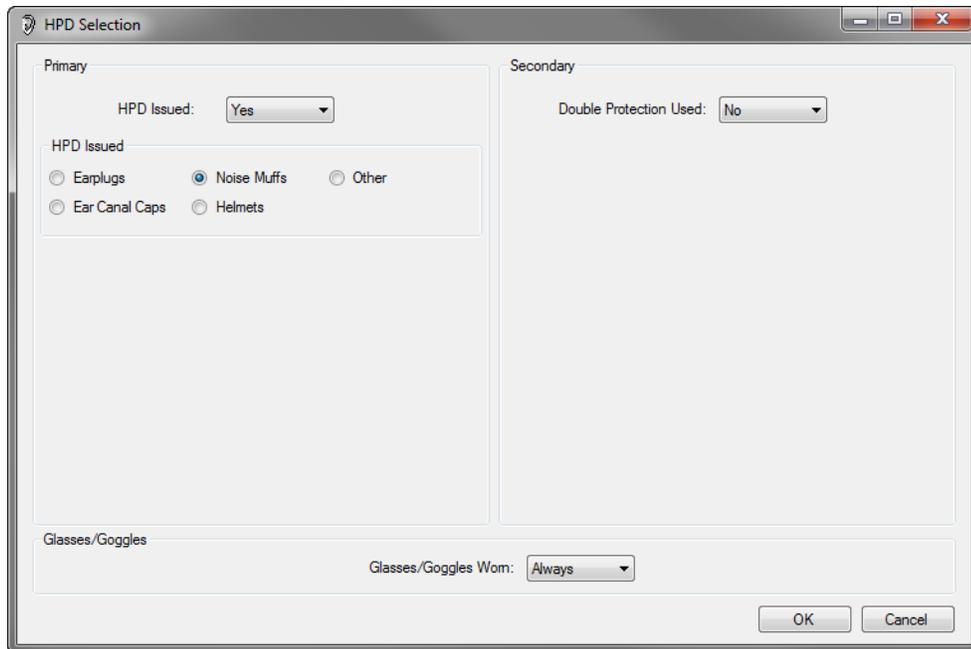
If a DD 2216 test is selected and the reference is not present in the database, the User is prompted to enter the reference thresholds and test date. This information if not pulled from the DR needs to come from the patient’s medical record. Ensure when you check the medical record; review briefly the 2216’s and 2215’s. Ensure the reference you are entering is the correct one (latest 2215 and not the reference from a 2216). Manually entered reference (Type 0) thresholds do not provide enough information to produce a complete DD 2215 test but are adequate for completing a DD 2216 Hearing Test. Prior to pressing save ensure all threshold data is correctly entered.

Finish filling out the test data. ENT problems, NFHs, if the patient’s noise-exposure levels are known enter them, otherwise, leave them blank. HPD used, Yes.

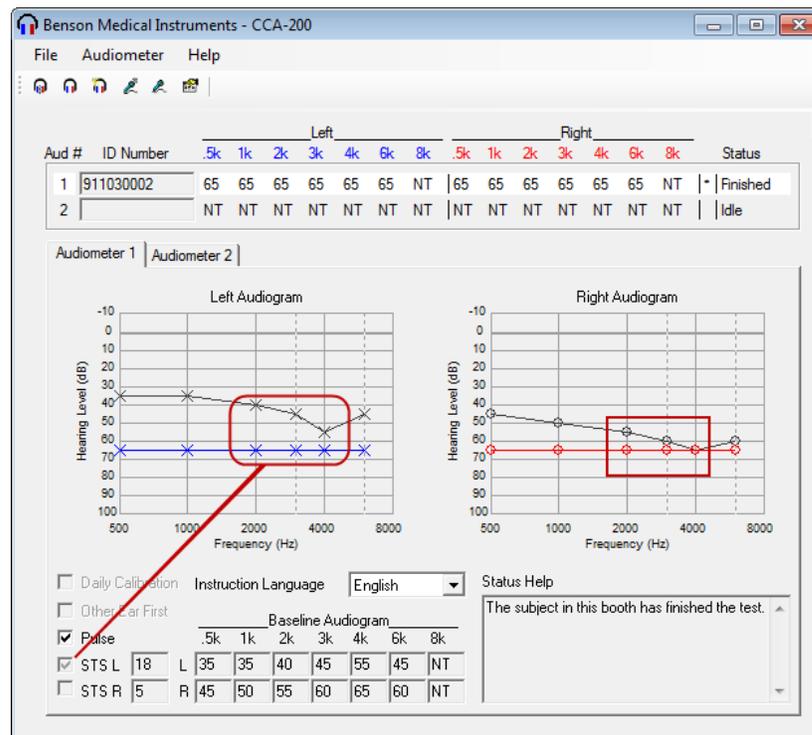
Note: if HPD are auto loaded, you can verify the data without entering the HPD window.

Patient data has not been transferred from DOEHRS. You will notice reference audiogram was entered but not saved. Once saved, transfer data.

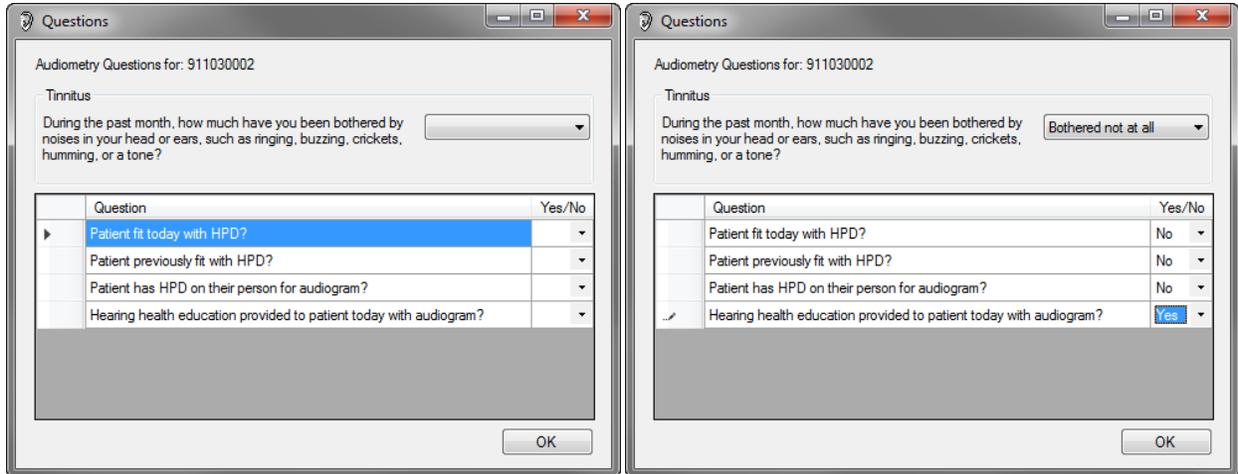
HPD Selection window appears. Select HPD used and size (if applicable), Double Protection if used and type, glasses or goggles worn. Completed data entry (confirmed patient data is correct).



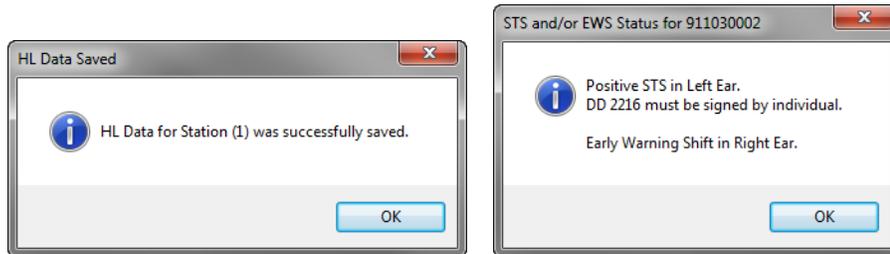
Transfer patient data to the CCA 200 window. Prior to retrieving data into the run test screen review test results and mentally prepare patient counseling (threshold levels, STS, etc). Does the patient have a change in hearing (STS), which ear, will they need to return for follow-up testing, do they need to return and be noise free, etc?



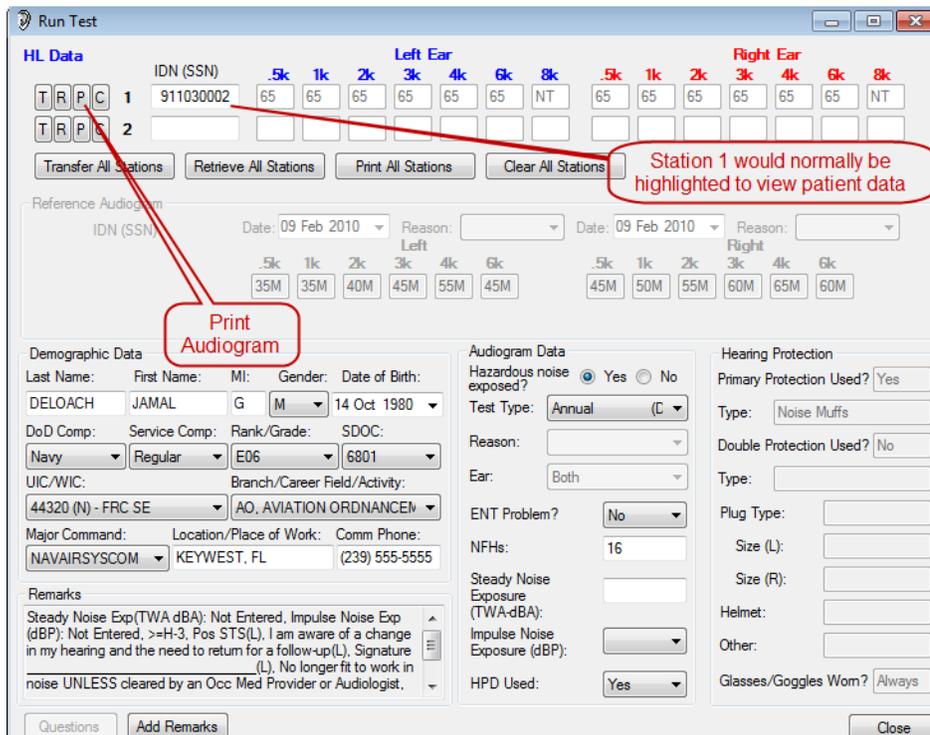
Retrieve test data into the Run Test window. Health questions appear automatically. Health education provided equals patient counseling. Checked boxes in the Question window reflect yes.



Several pop-up windows may occur. Station was successfully saved. Positive STS, software automatically checks for referrals/creates reports: positive/negative STS, OSHA reportable hearing loss, early warning shift, masking required, asymmetrical hearing loss, etc. Press OK, Record has been saved.



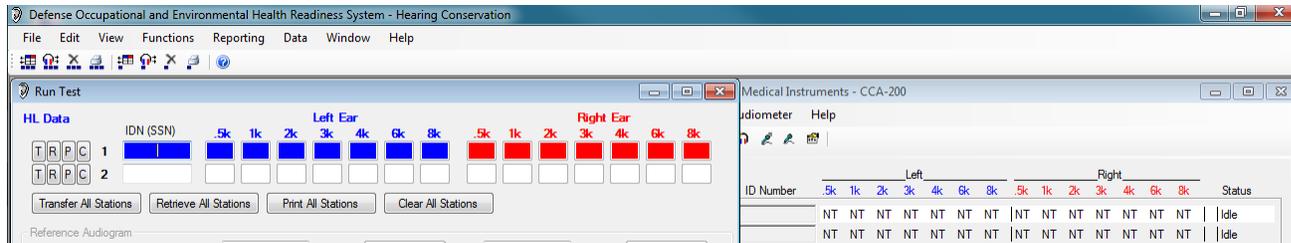
Print test. Counsel Patient and have the patient sign in the remarks.



Printed Audiogram, counsel patient, patient is required to sign **DD Form 2216**. Inform the patient that they need to be noise free (HPDs don't count) for at least 14 hours prior to returning for follow-up testing.

HEARING CONSERVATION DATA											1. ZIP CODE/APO/FPO/AS 68546A		
2. DOD COMPONENT N - ARMY A - AIR FORCE M - MARINE CORPS O - COAST GUARD 1 - OTHER											3. SERVICE COMPONENT R - REGULAR V - RESERVE G - NATIONAL GUARD 1 - OTHER		
4. SOCIAL SECURITY NUMBER 911030002				5. NAME (Last, First, Middle Initial) DELOACH, JAMAL G				6. DATE OF BIRTH 14 Oct 1980		7. SEX M - MALE F - FEMALE			
8. PAY GRADE UNIFORMED SERVICES E06		9. PAY GRADE CIVILIAN		10. SERVICE DUTY OCCUPATION CODE 6801		11. MAILING ADDRESS OF ASSIGNMENT 44320 KEY WEST FL 33040				12. LOCATION - PLACE OF WORK KEYWEST, FL			
13. MAJOR COMMAND NAVAIRSYSCOM						14. DUTY TELEPHONE (Include area code) (239) 555-5555							
15. AUDIOMETRY													
a. PURPOSE													
1 - 90 DAY													
2 - ANNUAL													
3 - TERMINATION													
4 - OTHER													
AUDIOMETRIC DATA													
RE: ANSI 82.5													
b. CURRENT AUDIOGRAM DATE: 08 Mar 2016													
c. REFERENCE AUDIOGRAM DATE L: 09 Feb 2010 R: 09 Feb 2010													
d. SIGNIFICANT THRESHOLD SHIFT (STS) L: 2+ R: 1													
e. THRESHOLD SHIFT													
1. REMARKS (Include Exposure Date) Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, >=H-3, Pos STS(L), I am aware of a change in my hearing and the need to return for a follow-up(L), Signature (L), No longer fit to work in noise UNLESS cleared by an Occ Med Provider or Audiologist, Health Ed Prov, Early warning for a decrease in hearing (R).													
2. TYPE OF PERSONAL HEARING PROTECTION USED 5 - 1 - SINGLE FLANGE (N51R) 4 - EAR CANAL CAPS 2 - TRIPLE FLANGE 5 - NOISE MUFFS 3 - HAND FORMED EARPLUG 6 - OTHER 7 - NONE													
8. EXAMINER NAME (Last, First, Middle Initial) SMITH, ANTONY E				9. TRAINING CERTIFICATE NO. 128901N				10. SERVICE DUTY OCCUPATION CODE 0640		11. OFFICE SYMBOL MEDICAL			
12. AUDIOMETER TYPE 3 - 1 - MANUAL (Automatic) 2 - SELF-RECORDING 3 - MICROPROCESSOR		13. MODEL CCA-200m		14. MANUFACTURER Benson Co.		15. SERIAL NUMBER 63633		16. LAST ELECTROACOUSTIC CALIBRATION DATE 23 Oct 2015					

Ensure patient data is cleared from both the Run Test and the CCA-200 screens prior to testing another patient. **Cleared patient data from the CCA-200 and Run Test windows. We are prepared for the next patient.**



Testing Procedure Summary:

1. Receive Medical Record and Demographic Data Form
2. Review forms, question the patient if you need additional information
3. Write booth number on Demographic Form, place patient in booth (correct location)
4. Give patients pre-test instructions
5. Ensure patient have the headphones on properly and have the response switch in hand
6. Close booth door
7. Start patient tests
8. Input patient data and select test type, keeping an eye on the testing that is occurring in the CCA-200 window
9. Transfer patient data from the Run Test window to the CCA-200 window
10. Review patient tests and mentally prepare counseling thoughts
11. Retrieve data from the CCA-200 window into the Run Test window, paying attention to any pop-up messages that appear
12. Answer applicable pop-up window questions
13. Print test(s) and counsel patient(s)
14. Provide Follow-up testing, process referrals appropriately

DOEHRS-HC Run Test & CCA-200 (Patient Testing) PRACTICUM

Test Blake Owens (use BAS). Decide what type test you will conduct. Manually test 4000Hz right ear. Prior to clearing test results in the CCA-200 software have a proctor review the manual test. Start the test in the CCA-200 software.

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):		911030003	9530887774	
Last Name:	OWENS	First Name:	BLAKE	MI:
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yr):	8/25/85	
Component (select one):	DOD	USCG	USA	USAF
	<input checked="" type="checkbox"/> USMC	USN	Other (explain):	
Service Component (select one):	Contractor	Federal Employee	Foreign National	<input checked="" type="checkbox"/> Regular
	Reserve	NG		
Rank/Grade:	03	AFSC/MOS/NOBC/Rate & NEC/SDOC:	0302	
		Unit:	318	
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command: 2 MARDIV	
Work Location or Code:	KCO		Phone Number (include area code):	910-555-5555
Are you routinely exposed to hazardous noise or in the hearing conservation program?				Y <input type="checkbox"/> N <input type="checkbox"/>
Purpose of visit (circle one):	Annual Termination Pre-employment	Follow-up Retirement/Separation Non-hearing Conservation	Pre-deployment Reference/Baseline Other (explain):	Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
How many hours have you been away from noise prior to this test?				7
What specific type of Hearing Protection Devices (earpro) do you wear?				Combat Arms
Do you wear double hearing protection?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs?				Always <input type="checkbox"/> Seldom <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				
<input checked="" type="checkbox"/> Not bothered at all <input type="checkbox"/> Bothered a little <input type="checkbox"/> Bothered a lot				
Were you fit with HPDs today?		Y <input type="checkbox"/> N <input type="checkbox"/>	Were you previously fitted with HPDs?	
			Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Do you currently have your HPDs with you?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Test Tangerine Long (use BAS). She got out of the USCG and last week gained employment as a USCG civilian employee in the motor pool and is frequently around hazardous noise, she wears earmuffs in the maintenance area. She needs a hearing test for her job. **Manually test 3000Hz left ear. Prior to clearing test results in the CCA-200 software have a proctor review the manual test.** Start the test in the CCA-200 software.

DOEHS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):		911030004		9530647744
Last Name:		LONG		First Name: TANGERINE MI:
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		Date of Birth (mm/dd/yr): 10/14/86		
Component (select one): DOD <input checked="" type="checkbox"/> USCG USA USAF USMC USN Other (explain):				
Service Component (select one): Contractor <input type="checkbox"/> Federal Employee <input checked="" type="checkbox"/> Foreign National <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> NG <input type="checkbox"/>				
Rank/Grade: GS06		AFSC/MOS/NOBC/Rate & NEC/SDOC: Motor Vehicle Operator		Unit: CG Station
UIC/WIC/WPID:		Branch/Career Field/Activity:		Major Command: 013
Work Location or Code: Portland OR		Phone Number (include area code): 503-555-5555		
Are you routinely exposed to hazardous noise or in the hearing conservation program? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Purpose of visit (circle one): Annual Termination <input type="checkbox"/> Follow-up Retirement/Separation <input type="checkbox"/> Pre-deployment Reference/Baseline <input type="checkbox"/> Post-deployment Accession/Commissioning <input type="checkbox"/> Pre-employment <input type="checkbox"/> Non-hearing Conservation <input type="checkbox"/> Other (explain): <input type="checkbox"/>				
Do you have any Ear, Nose or Throat problems today that affect your hearing? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
How many hours have you been away from noise prior to this test? 20				
What specific type of Hearing Protection Devices (earpro) do you wear? Noise Muffs				
Do you wear double hearing protection? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs? Always <input type="checkbox"/> Seldom <input checked="" type="checkbox"/> N/A				
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one) <input checked="" type="checkbox"/> Not bothered at all <input type="checkbox"/> Bothered a little <input type="checkbox"/> Bothered a lot				
Were you fit with HPDs today? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Were you previously fitted with HPDs? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Do you currently have your HPDs with you? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				

Prior to this exercise. Print student audiogram so they can review them for errors and possibly have a 2215 available for this exercise. Also have each student fill out a DOEHRS-HC Demographic Form with their own information. Every student is in the Hearing Conservation Program and exposed to hazardous noise. Conduct tests as appropriate. Issue one of the below references to at least one student to be used with their 2216 (use both references). Reference dates may require change depending on the age of the patient (17/18).

Instructors: Identify an initial examiner and a patient.

Patients: give your demographic form to the examiner.

Examiners: Review demographic form and ask any questions in regards to data entry. Give pre-instructions to patient. Have the patient place the headphones on start the test while inputting patient data. When the test is finished, review it for accuracy/possible frequency retest. What do you do now? Prepare thoughts for counseling.

Do not retrieve results into the run test screen. Stop testing; have patient remove headphones; switch characters

Counseling will be done when classroom testing is stopped and after both characters (examiner and patient) have been performed by each student. Retrieval of data will be done individually along with a dialogue from the examiner on what they would do depending on the results.

Date of Reference if patient is underage using the below reference dates _____.

REFERENCE #1

15. REASON FOR CONDUCTING AUDIOGRAM												
L: 3 R: 1	1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS				2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES				3 - REFERENCE RE -ESTABLISHED AFTER FOLLOW -UP PROGRAM			
16. AUDIO METRIC DATA RE: ANSIS3.6	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
17. DATE OF AUDIOGRAM L: 15 May 2012 R: 15 Jan 2010	-10	0	-5	0	-10	0	5	0	5	5	0	5

REFERENCE #2

15. REASON FOR CONDUCTING AUDIOGRAM												
L: 2 R: 2	1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS				2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES				3 - REFERENCE RE -ESTABLISHED AFTER FOLLOW -UP PROGRAM			
16. AUDIO METRIC DATA RE: ANSIS3.6	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
17. DATE OF AUDIOGRAM L: 28 Feb 2011 R: 28 Feb 2011	20	15	0	15	5	25	0	0	0	0	0	25

Time allowing, have a few students test each other with hearing protection in their left or right ear and manually test 4000 frequency in the ear that doesn't have the HPD in. With large classes this exercise may be restricted to demonstrate different test results.

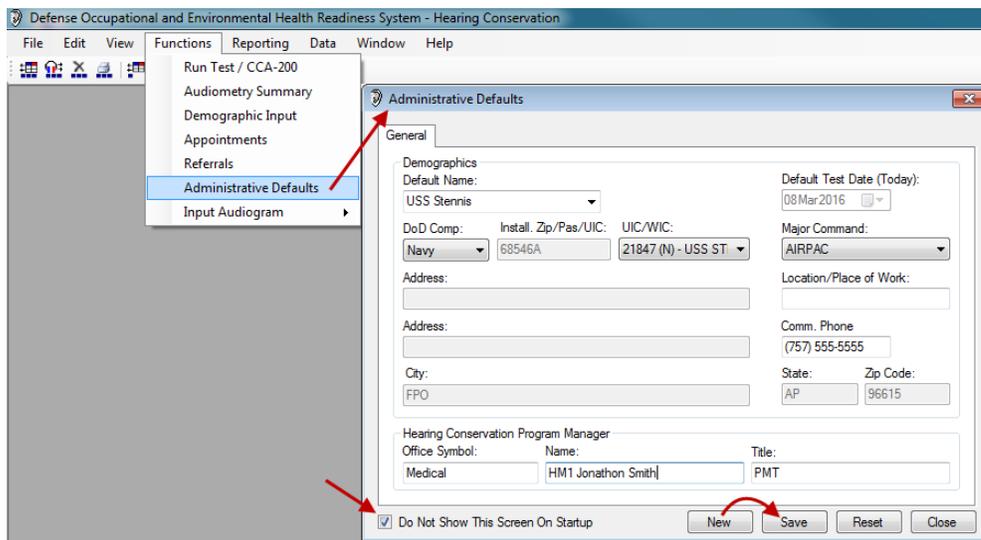
ADMINISTRATIVE DEFAULT

Class 5 minutes/Practicum 5 minutes

The Administrative Defaults pre-fills out patient data in the Run Test screen (only if the patient is not in your database). If you are testing at a clinic that has patients from multiple units an administrative default is of little use. It works well with test locations that are not connected to the network and test one unit at a time. An example of this would be a test site located on a ship or a MOHCAT going to test an individual unit. **Administrative defaults are for the patient not the testing location and should be created only for Units that have heavy Audio testing workloads.**

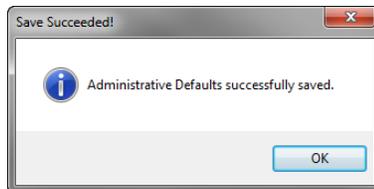
One Default is required in order to close the Administrative Default window. This window will automatically pop up if you are creating a new database. Press “New” and enter the name of the unit you are creating the default for. Once a default is saved it cannot be deleted. Unlimited defaults can be created. Create defaults only for in mass patient data entry. Change patients demographic information in the run test window as needed.

Go to Function > Administrative Defaults



Administrative defaults are for group specific demographic data.

Follow along with the Administrative Default for the USS John C Stennis. If creating a new Administrative Default Press New. The name is used to identify the organization you are creating the default for. Select the Unit DOD Component. Do not create an “other” DOD component default. Select the UIC. If the UIC is not in the drop down window or you cannot see the expanded description, right click on the UIC field and the UIC/WIC Edit screen will appear. Create and save UIC. Select the Major Command. You can use the space bar to bypass Location/Place of Work. Phone number is a required field; enter 757-555-5555. **Ensure you put in a correct phone number in the Run Test screen when testing patients. Add the Hearing Conservation Program Mangers Office Symbol (where they work) their name and title. Medical, HM1 Jonathon Smith, PMT.**



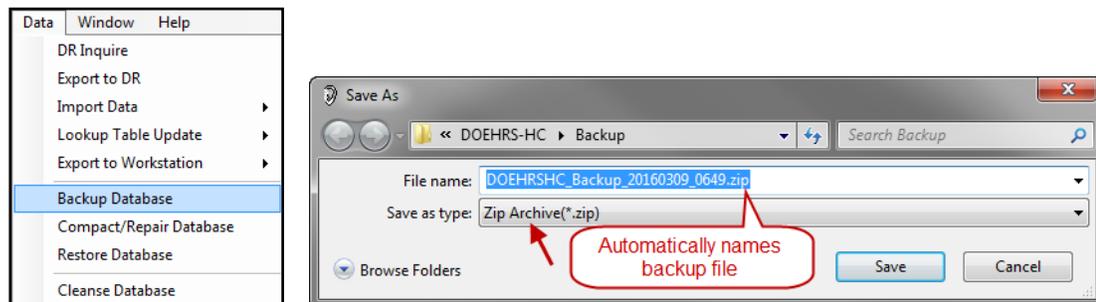
When you create an Administrative Default, ensure you save it. **Have the students type the SSN 123123123 in the run test screen to demonstrate what the administrative default does when inputting the patient SSN and there in no data for that patient in the database. Note: The DOD Comp, UIC, Major Command, Location and Commercial Phone are pre-filled in from the administrative default. Have Class proctors check work.**

DOEHRS-HC (Database Backup)

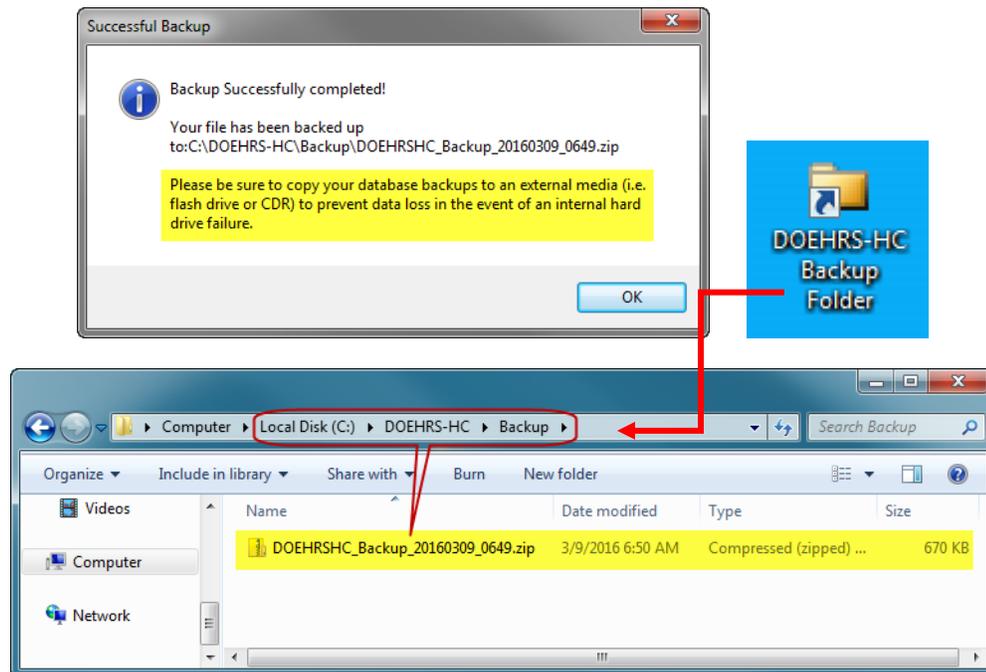
Class 5 minutes/Practicum 5 minutes

DOEHRS-HC has a manual back-up procedure. Daily database backups provide a fail-safe for data corruption not hardware failure. Be aware that the database can become corrupt if the back-up process is stopped (power turned off). **DOEHRS-HC backups are an exact copy of the entire DOEHRS-HC database (at the date/time Backup is created).**

Manual Backup: Backup process is initiated by the user. Manual Backups are saved to the C Drive>DOEHRS-HC>Backup folder (defaulted location) another location can be chosen. To initiate the Backup process within DOEHRS-HC go to **Data>Backup Database**. Files are automatically named: DOEHRSHC_Backup_YYYYMMDD_TIME.ZIP. The only portion of the name that changes is the date and time. Do not change the file name. There is only a need to save the past three Manual Backups, delete previous ones.



The following message will tell you the Backup was successful. It will also tell you where the file is and what it was named. Back Up Folder short cut is located on the desk top



You could change the Backup location to a shared drive. Every Backup tells you to copy the Backup to an external device. It does no good to have all your Backups on the C Drive and have the C Drive crash. Do not routinely create a new database as you can only edit records that have been created on your database.

DOEHRS-HC (Database Backup) PRACTICUM

Conduct a manual Backup and bring up the Backup Folder. Have Class proctors check work.

DOEHRS-HC (Patient Data Functions)

Class 5 minutes/Practicum 5 minutes

There are many ways to search for Patients in the DOEHR-HC database. It all depends on what your desired outcome is. **Edit Audiogram: Go to Edit>Audiogram.** Only audiograms that have been created on the testing database can be changed. Data cannot be changed that has been imported from the DR or threshold levels retrieved from the CCA-200 software.

Identification Number (SSN): Find Advanced Search...

Enter IDN (SSN) and press Find to retrieve a patient's records. Press Advanced Search to search by Name/Test Type.

HL Data

Demographic Data

Last Name: First Name: MI: Gender: Date of Birth:

DoD Comp: Service Comp: Rank/Grade: SDOC:

UIC/WIC: Branch/Career Field/Activity:

Major Command: Location/Place of Work: Comm Phone:

Audiometer

Type: SN: Last Calibration Date:

Examiner

Exam. Name & Cert No:

Audiogram Data

Test Type: Reason: Ear:

ENT Problem? NFHs:

Steady Noise Exposure (TWA-dBA): Impulse Noise Exposure (dB):

HPD Issued:

Hearing Protection

Primary Protection Used? Type:

Double Protection Used? Type:

Plug Type: Size (L):

Size (R): Helmet:

Other: Glasses/Goggles Worn?

Print Close

Edit View Functions Re

Notices

HPD Data

UIC/WIC

Demographic Data

Remarks

2217 Delete

Audiogram Edit

Press Advance Search. Patient Search window appears, Queries can be accomplished by SSN, Last/First name (Partial name is OK) or test type. If nothing is selected, all patients will appear in the dropdown window. **All search features within DOEHR-HC are the same.**

Advanced Search

Find by IDN

Identification Number (SSN): Find

Find by Name/Test Type

Last Name: First Name:

Select Test Type:

Search

Person Search Results

911020001 - JENKINS, ROBERT R
911020004 - HANKES, MILDRED
911030001 - HOUSTON, JOSE G
911030002 - DELOACH, JAMAL G
911030003 - OWENS, BLAKE
911030004 - LONG, TANGERINE
912010062 - TUTTLE, RICHARD E
912010066 - MCINTYRE, THOMAS R

Select a Person from the list and click OK.

OK Cancel

Once a patient is selected, all data pertaining to them will be displayed in the Audiogram Edit/Delete window. Edit tests as needed. Only tests created on this database can be changed. Do not delete a record that has been exported to the DR. If it is deleted from the original database, changes cannot be made without going through the DOEHS-HC help desk. Select the test and then press Edit. You can also print from this screen.

Identification Number (SSN): 912010066

HL Data Table:

Date/Time	Type	Ref. Established	L5K	L1K	L2K	L3K	L4K	L6K	L8K	R.5K	R1K	R2K	R3K	R4K	R6K	R8K
5/28/2013 10:1...	Termination		0	0	0	5	15	10	NT	0	5	5	20	25	10	NT
6/12/2012 11:0...	Reference	Re-Establ...								5	10	10	20	20	15	NT
6/12/2012 11:0...	Follow-Up 2									5	10	10	20	20	15	NT
6/12/2012 10:5...	Follow-Up 1									5	10	10	20	25	15	NT
6/5/2012 6:27...	Annual		5	5	0	5	10	20	NT	5	10	5	15	25	15	NT

Demographic Data: Last Name: MCINTYRE, First Name: THOMAS, MI: R, Gender: M, Date of Birth: 09 Jun 1975, DoD Comp: Navy, Service Comp: Federal Em, Rank/Grade: WG11, SDOC: 2606, UIC/WIC: 40085 (N) - NAVFAC MIDLA, Branch/Career Field/Activity: 40085 (N) - NAVFAC MIDLA, Major Command: NAVFAC, Location/Place of Work: WC110, Comm Phone: (757) 555-5555

Audiometer: Type: Microprocessor, SN: 12123 - 1/2/2012, Last Calibration Date: 1/2/2012, Examiner: SMITH, ANTONY - 1289

Remarks: Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp (dBp): Not Entered, Other HPD: Quad-Flange, Signature (R), *****TRAINING, AUDIOGRAM***** (L), Health Ed Prov. Pos STS(R), I am aware of a change in my hearing and the need to return for a follow-up

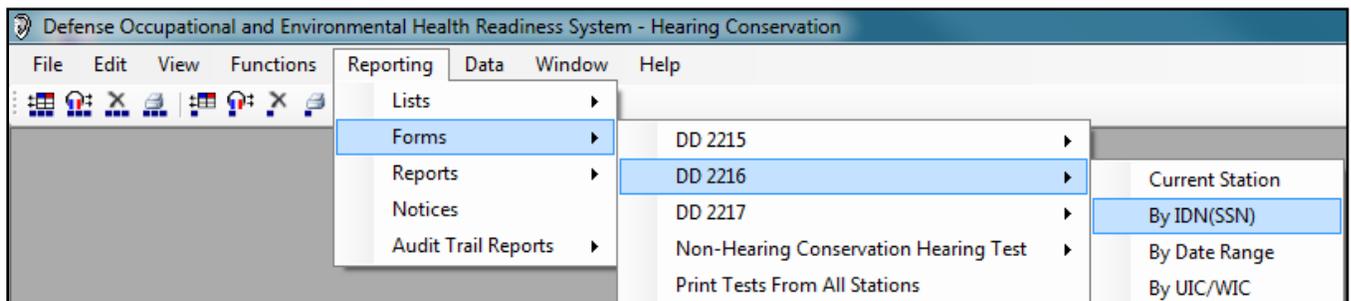
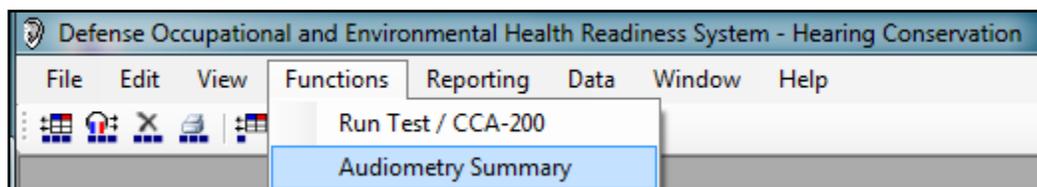
Audiogram Data: Test Type: Annual (C), Reason: , Ear: Both, ENT Problem?: No, NFHs: 0, Steady Noise Exposure (TWA-dBA): , Impulse Noise Exposure (dB): , HPD Used: N/A

Hearing Protection: Primary Protection Used?: Yes, Type: Earplugs, Double Protection Used?: No, Plug Type: Quad-Flange, Size (L): , Size (R): , Helmet:

Buttons: Admin Unlock, Edit, Delete, Print, Close

Callout: DR Inquired Records cannot be locally edited without temporary additional DR User access levels

You can print from any screen displaying patient records. **Audiometry Summary and Forms** allow you to view/print records. Records cannot be changed in these locations.



DOEHRS-HC DR ACCOUNT REQUEST

Class 10 minutes

Every Audio Technician is required to have a DOEHRs-HC Data Repository (DR) account. Apply immediately when you become a certified technician. Account is needed to do updates to the DOEHRs-HC and export/import audiograms to/from the DOEHRs-HC DR. Import patient data occurs with every patient tested in the Run Test screen automatically on an internet connected testing computer. All patient data is required to be exported to the DOEHRs-HC DR. This includes non-internet connected testing computers. Updates (all drop down windows in DOEHRs-HC) come out at the beginning of each month and need to be downloaded and installed to the local DOEHRs-HC computer.

To apply for a DOEHRs-HC DR user account go to:

https://doehrswww.apgea.army.mil/doehrsdr/pub/AccountRequest_input.action

This is a CAC enabled website, **YOU NEED TO USE YOUR OWN CAC CARD AS YOUR CERTIFICATES WILL BE ASSOCIATED WITH YOUR DR USER ACCOUNT.** Request Account. You also have assistance for DOEHRs-HC DR locked-out, Forgot Password/Username.

If you already have a DOEHRs-HC DR account contact your Regional Audiologist for assistance. Choose HC for the functional group and select Service Branch. **Fields that have an * are required to be filled out completely.**

Account Information

FUNCTIONAL GROUP *
• You must select a functional group.

SERVICE BRANCH *
Air Force
Army
Marine Corps
Navy

...s, please select a Service

Pay particular attention that the User Identification is filled out correctly. This information will be requested when you are locked out of DOEHRs-HC DR or when you change your password (every 60 days). User name will be derived from your name. **Verification information required will be User Name, First Name, Last Name, SSN and Mother's Maiden Name.**

User Identification

FIRST NAME * MI LAST NAME * SUFFIX
• First Name is required. • Last Name is required.

SOCIAL SECURITY NUMBER (NO DASHES) *
MOTHER'S MAIDEN NAME *

Ensure all data entered is correct, will be used to change password and for locked DR user accounts

Mothers Maiden Name and SSN are encrypted before being saved. They are also used solely for user verification in case of forgotten password.

User CAC is required to be in the computer when they apply for a DR user account.
If they already have an account and it needs to be reactivated, seen Theodore Mason and email.

Fill out each field. All DOEHS-HC DR automated emails will go to the email address associated with your DR account such as Successful Uploads, DR temporary passwords, etc. **A DOD (.mil) email address is required.** Civilian email addresses will not be approved. Email returned (email address unknown) will cause your DR account to be archived. Keep your personal information current. Enter the official Training Certification Number. DOEHS-HC version at the test site. ISSO (MID). **Supervisors Name enter the Regional Audiologist or senior Audio Technician with their phone number.** You need to know who the Regional Audiologist is that covers your location.

Personnel Information	
WORK ADDRESS * <ul style="list-style-type: none"> Address is required. <div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">Fed Ex address of audio booth location/test site you select with your DR user account</div>	
Line 1	
Line 2	
CITY * <ul style="list-style-type: none"> City is required. 	STATE OR APO * <ul style="list-style-type: none"> You must select a State or APO.
ZIP CODE * <ul style="list-style-type: none"> Zip is required. 	COUNTRY * <ul style="list-style-type: none"> You must select a Country.
WORK EMAIL ADDRESS * <ul style="list-style-type: none"> Email is required. 	
ORGANIZATION * <ul style="list-style-type: none"> Organization is required. Zip is required. 	OFFICE SYMBOL/DEPARTMENT * <ul style="list-style-type: none"> Office Symbol or Department is required. You must select a Country.
WORK EMAIL ADDRESS * <ul style="list-style-type: none"> Email is required. <div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">.mil email address required, this is where your DR user name and password will be sent to access your DR user account and will lock your CAC certificates with your DR user account</div>	
ORGANIZATION * <ul style="list-style-type: none"> Organization is required. 	OFFICE SYMBOL/DEPARTMENT * <ul style="list-style-type: none"> Office Symbol or Department is required.
(Ex. 1578th IPR)	(Ex. /SGM/SGMIR)
JOB TITLE/FUNCTION * <ul style="list-style-type: none"> Job Title is required. 	GRADE/RANK * Select a Grade/Ra
DOD CERTIFICATION NUMBER * If None, indicate None	HC VERSION *
COMMERCIAL PHONE NUMBER * <ul style="list-style-type: none"> Phone is required. 	EXTENSION
<div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">Commercial phone number; include country codes if OCONUS</div>	
DSN (OCONUS: USE 10-DIGIT DSN)	COMMERCIAL FAX NUMBER
SECURITY CLEARANCE * <ul style="list-style-type: none"> You must select a Security Clearance. 	
ISSO FULL NAME *	
ISSO PHONE *	EXT
SUPERVISOR FULL NAME * <ul style="list-style-type: none"> Supervisor Name is required. 	<div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">Regional Audiologist or Senior Audio Technician covering the test site you are claiming</div>
SUPERVISOR PHONE * <ul style="list-style-type: none"> Supervisor Phone is required. 	<div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">Regional Audiologist or Senior Audio Technician commercial phone number</div>

Justification for Access is the first one in the dropdown window (upload/download from DOEHS-HC DR). Additional access can be provided, contact your Regional Audiologist for assistance.

The screenshot shows a web form titled "Access Information". It contains a dropdown menu for "JUSTIFICATION FOR ACCESS *". A red callout bubble points to the first option in the dropdown, which is highlighted in yellow: "Applicant's responsibilities include forwarding data to and downloading data from the DOEHS DR". Another red callout bubble points to the dropdown arrow with the text "Select the first one in the drop down window". Below the dropdown is a text area with the following text: "Applicant has administrative responsibilities for the DOEHS-HC at the Installation level" and "Applicant has administrative responsibilities for the DOEHS-HC at multiple installations". Below this is a section titled "WHAT TYPE OF ACCESS DO YOU NEED?" with a dropdown menu. A red callout bubble points to the dropdown with the text "Leave blank". At the bottom of the form are "Submit" and "Reset" buttons. A red callout bubble points to the "Submit" button with the text "Press submit one time only". A red line connects the "Submit" button to the "Press submit one time only" callout. A red line also connects the "Submit" button to the "Leave blank" callout.

Once completely filled out press Submit Your Account Request button. **Do not press submit more than one time.** If complete the following message will appear. If not there, review the application for missing data. Applications are normally approved within 2 workdays. You will receive an email allowing you temporary access the DOEHS-HC DR. You will need to login directly to the DR and create a password (good for 60 days). **Your CAC certificates will be associated with your DR user account.**

Thank You!

The DOEHS DR received your account request. Your application will be processed by your Functional Representative(s). After your application has been reviewed, you will receive an email with your login information and instructions on how to access the DOEHS Data Repository.

DOEHS-HC DR ACCOUNT REQUEST QUIZ

1. Why is a DOEHS-HC DR account required for Audio Technicians?
2. Can you use a civilian email account for your DOEHS-HC DR account?
3. What "verification" data is required for a forgotten password?
4. Where do you enter your Regional Audiologist information?
5. What initial justification do you give for the account application?

DOEHRS-HC (DR Data Export)

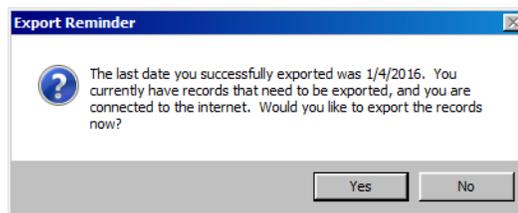
Class 10 minutes/Practicum 5 minutes

There are 2 ways to export data to the DOEHRs-HC DR. Exporting data to the DOEHRs-HC DR, (required by regulation) can be done from an internet connected or a non-internet connected computer. **DR Exports are done daily from an internet-connected computer and weekly from a non-internet connected computer (or in conjunction with testing).** DOEHRs-HC DR upload history should be checked frequently by the individual or by those who have a higher DOEHRs-HC DR User Privilege. **All Audio technicians are required to have a DOEHRs-HC DR account.**

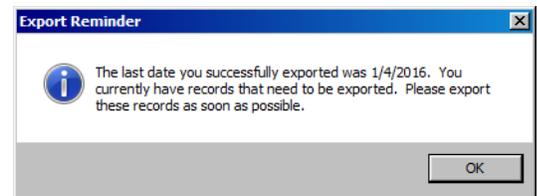
An Export Reminder will appear whenever you open and log into the DOEHRs-HC application if you have records that need to be exported. It will let you know when the last export occurred and if connected to the internet - allow you to select to export the records immediately or if not connected the internet - recommend doing an export as soon as possible.

'Export to DR' function should be done once a day from each DOEHRs work station.

Connected to the Internet



Not connected to the Internet



Any communication with the DR requires a DOEHRs-HC DR user account/CAC certificates.



U.S. Department of Defense
Military Health System



**iDENTITY
AUTHENTICATION
SERVICES**

This Website has been Public Key Enforced



Please click on "CAC/PIV Access" below to access the application using your DoD Common Access Card (CAC) or Department of Veterans Affairs (VA) Personal Identification Verification (PIV) card.

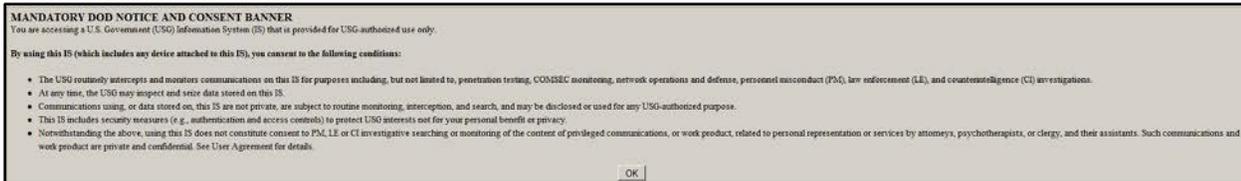
Make sure that your DoD CAC or VA PIV is inserted into the CAC/PIV reader so that your identity certificate is available to the web browser.

If you need to update your Enterprise Profile click the link below:
[Update your Enterprise Profile](#)

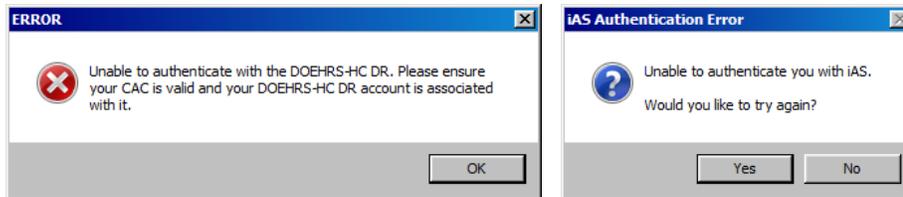
Authenticate with your DoD CAC or VA PIV:



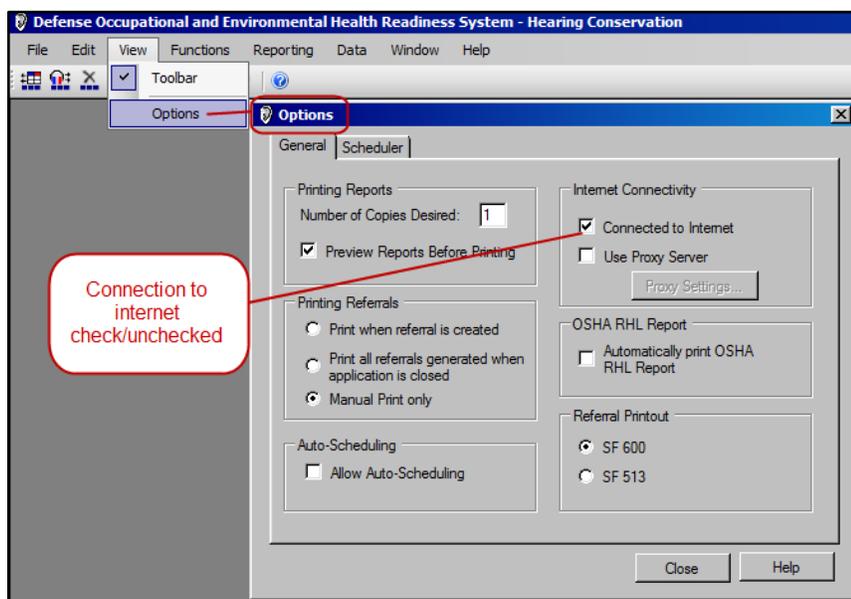
CAC / PIV ACCESS



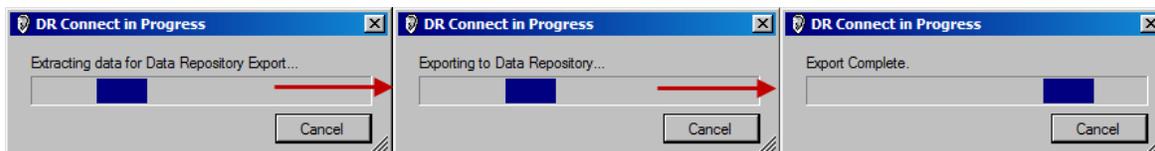
If your DR user account doesn't have your certificates or if the CAC filter is down you will get an error message.



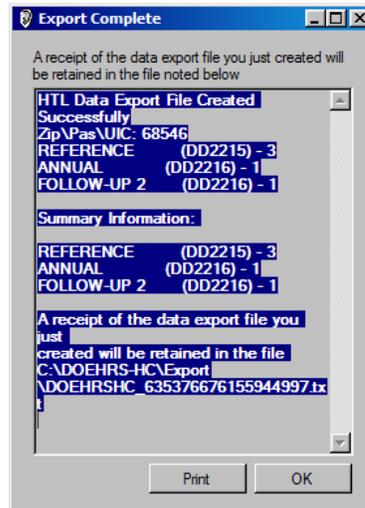
To Export Data from an **Internet connected workstation**, Click **View > Options**. Make sure the "Connected to the Internet" box is checked. Click "Close."



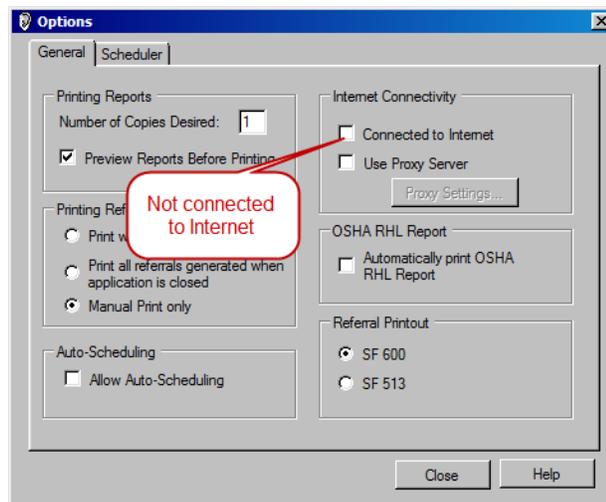
Click **Data>Export to DR**. Export progress will occur. This can be very fast or slow depending on the amount of records that need to be exported and your local bandwidth.



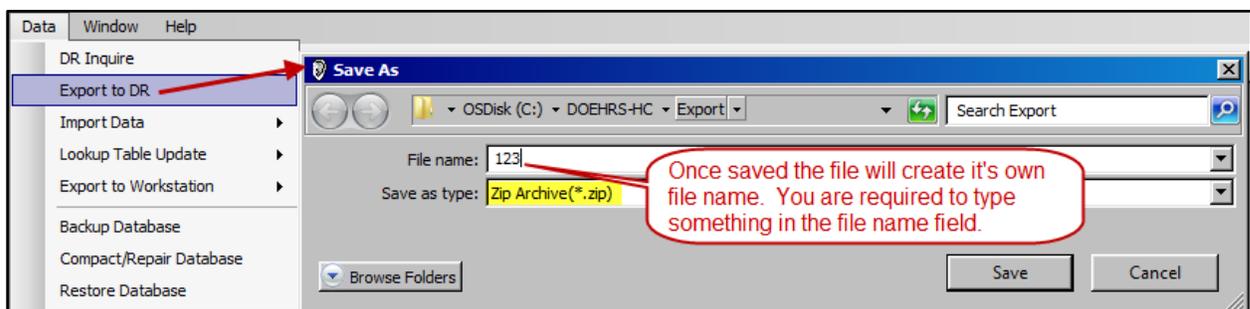
Export Complete screen will appear with a summary of the export file. If there are any problems with the export progress, Error prompts may appear. Try the export at a latter time.



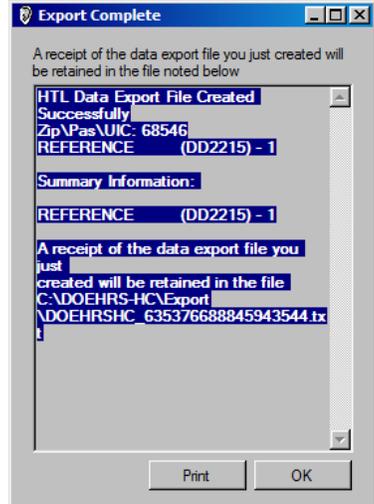
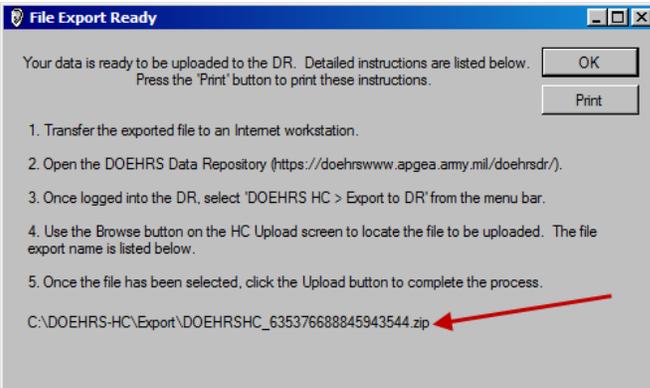
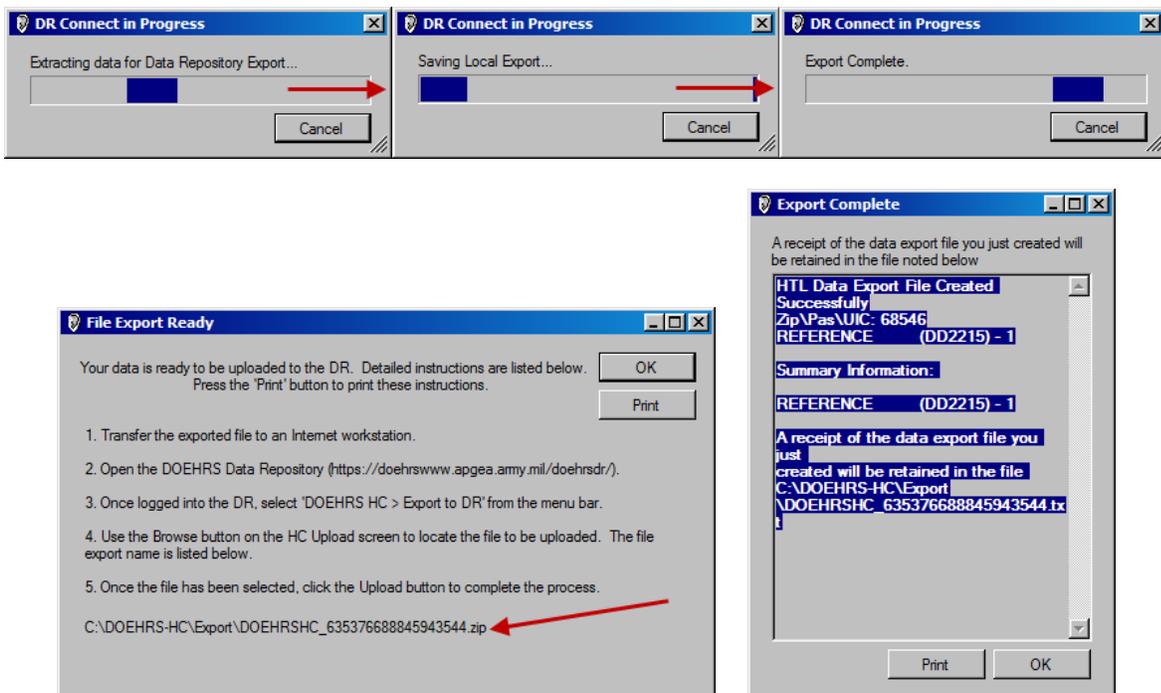
To Export Data from a non-Internet connected workstation: Go to **View > Options**. Ensure the "Connected to the Internet" box is not checked.



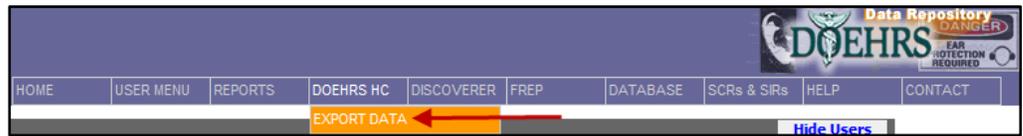
Click Data> Export to DR. Save the Zipped file to the necessary media source: If you are going to take this file to another workstation in a non-networked environment, save the file to a CD-RW, depending on the size of the file. If you have a Local Area Network (LAN) that both your workstation and the Internet-enabled workstation are on, save the file somewhere on the LAN where it can easily be retrieved by the Internet-enabled workstation. The software automatically names the file, **You will not be able to change the File name in the Save process. DO NOT change the file name prior to uploading it to the DR.**



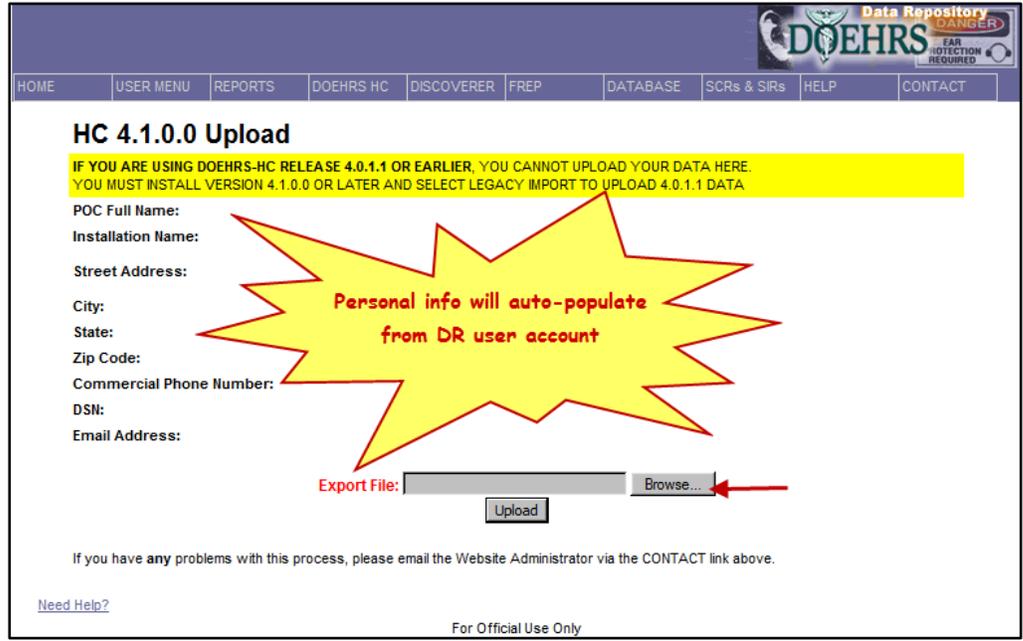
Software will extract the records for export. After a few moments, the File Export Ready window will appear. Click "Print" to print the instructions presented on the window. Click OK to close this window. Then, the Export Complete window will appear. Click "Print" to print the information presented on the screen. Click OK



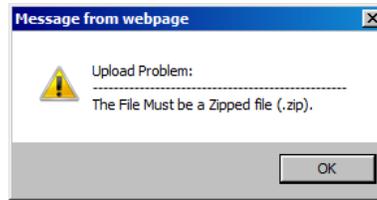
Log into the DR. Go to **DOEHRS HC>Export Data**. You can also check your upload history from this location.



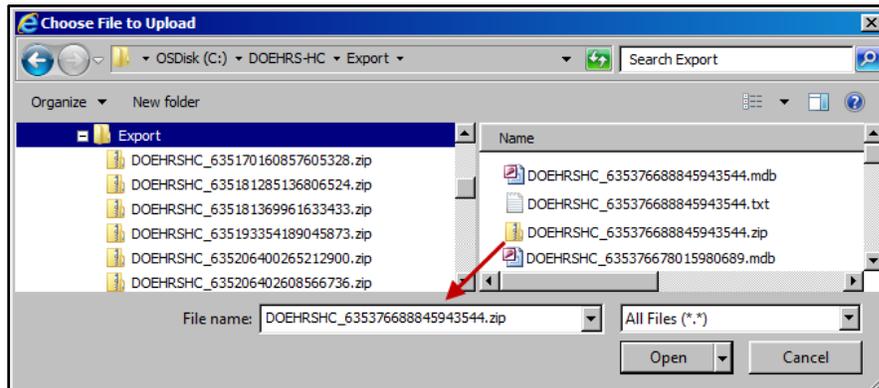
Your profile information will appear. At the bottom will be an Export File selection window, press browse to search for the export file.



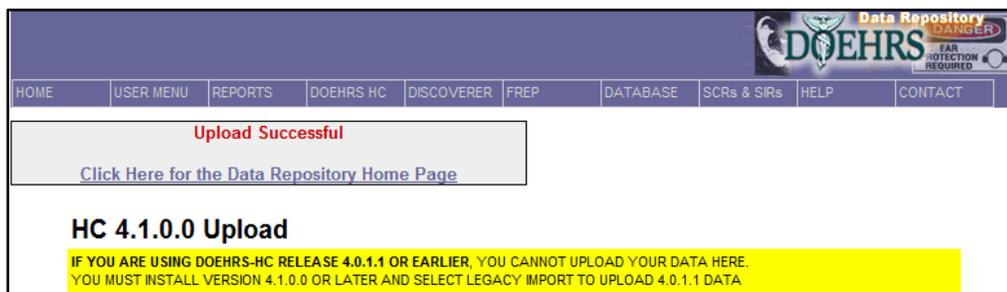
Upload file must be a zip file. Other type files may give you error prompts.



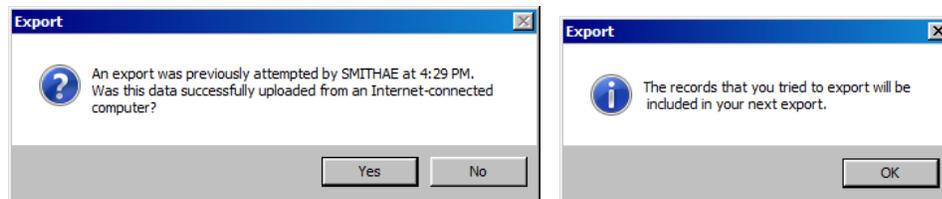
Once you find the correct .ZIP file. Select the file. Press Open. Press upload.



Upload Successful screen will appear.



The next time DOEHRSHC-RC is started (regardless of user), an Export Reminder window will appear. If you select No, the records from the export will be un-flagged and will be included in any subsequent DR export. **Select no if you don't know if the export was successful.** If you select Yes, the data records will be flagged as exported and will not be included in the next or future exports unless you edit the record.



The user who conducted the DOEHRSHC-RC DR export, either from an internet connected or non-internet connected will receive an email that the file was successfully received. That does not mean it was processed and didn't have errors. **Each technician should check the status of their upload history in the DR for process date and status of the export.**

HOME USER MENU REPORTS DOEHR HC DISCOVERER FREP DATABASE SCRs & SIRs HELP CONTACT

You are now logged in to the DR

If you need to contact the DOEHR Technical contact link above. The DOEHR TIO is constantly making it a more useful tool for our users.

EXPORT DATA
AUDIOGRAM REPORT
HC PATCHES
MANUAL DR INQUIRE
HC LOOKUP UPDATES
HC DENOMINATOR DATA
HC UPLOAD HISTORY

My Account Information
Your Account is in Good Standing
View HC Upload History
Saved HC Requests
You currently have 6 VIEWED HC Requests.
Click to view saved requests.

Special Use Only

Click Here to Return All Navy Uploads | View Uploads For Your HCPM Installations | Choose Installation(s) to View Uploads

User Name	File Name	Receive Date	Process Date	Status
	DOEHRSHC_635376688845943544.zip	2014-06-06 18:17:09.0		

Click Here to Return All Navy Uploads | View Uploads For Your HCPM Installations | Choose Installation(s) to View Uploads

User Name	File Name	Receive Date	Process Date	Status
	DOEHRSHC_635363372533558340.zip DOEHRSHC_635363372533558340.mdb	2014-05-22 06:34:16.0	2014-05-22 07:00:09.0	SUCCESS
	DOEHRSHC_635360767223800522.zip DOEHRSHC_635360767223800522.mdb	2014-05-19 06:12:06.0	2014-05-19 07:00:08.0	SUCCESS
	DOEHRSHC_635358348743660738.zip DOEHRSHC_635358348743660738.mdb	2014-05-16 11:01:17.0	2014-05-16 12:00:04.0	SUCCESS
	DOEHRSHC_635345267658711455.zip DOEHRSHC_635345267658711455.mdb	2014-05-01 07:39:34.0	2014-05-01 08:00:13.0	SUCCESS
	DOEHRSHC_635345265565987710.zip DOEHRSHC_635345265565987710.mdb	2014-05-01 07:38:05.0	2014-05-01 08:00:11.0	SUCCESS

An email will go to every user that has a successfully received upload at the DR. This does not mean it will process successfully.

Classification: UNCLASSIFIED
Caveats: FOUO

ANTONY SMITH,

The following file: DOEHRSHC_635376688845943544.zip was received successfully by the DOEHR Data Repository on 6:17:09 PM 6-Jun-2014

You may view your HC Upload History in the DOEHR Data Repository.
You can access the DOEHR DR web site at <https://doehrswww.apgea.army.mil/doehrsdr/>

Classification: UNCLASSIFIED
Caveats: FOUO

Email received if the upload was successfully received by the DR, this does not mean it will successfully process

To ensure data is processing correctly, at the beginning of each month do a local export of the previous months data and load it directly to the DR.

DOEHR-HC (DR Data Export) Quiz

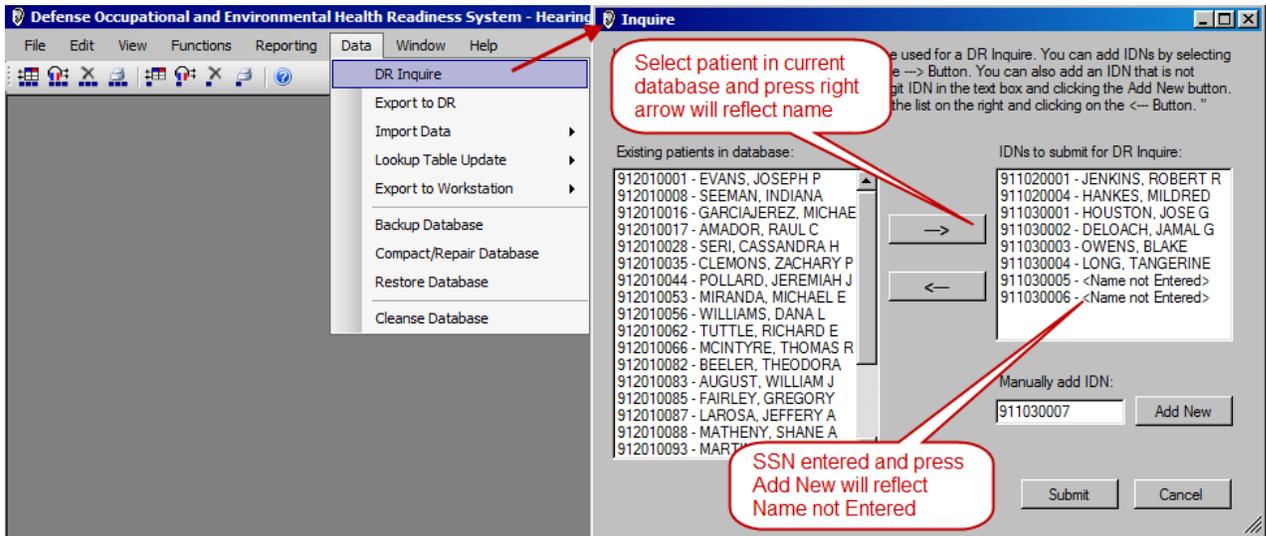
1. How often are exports to the DR done on an internet-connected computer?
2. How often are exports to the DR done from a non-internet connected computer?

DOEHRS-HC (DR Inquiry)

Class 15 minutes

A DR Inquiry is a query of the DOEHRS-HC DR for patient records. Any records that are in the DR can be downloaded into DOEHRS-HC. The DOEHRS-HC software needs to be connected to the internet to inquiry records from the DR into DOEHRS-HC. This communication is done via the CAC certificates/DR user account.

lick Data>DR Inquire. Request Records From DR screen will appear. You can choose from the patients in your database to bring back more data or enter a SSN and press Add New. Up to 10 patient SSN can be queried at a time. **Once all the SSNs have been entered press Submit.**



If you have not already communicated with the DR when you logged into the application the software will now communicate with the DR with your CAC certificates. You may be required to enter your pin.

 U.S. Department of Defense
Military Health System

iDENTITY AUTHENTICATION SERVICES

This Website has been Public Key Enforced

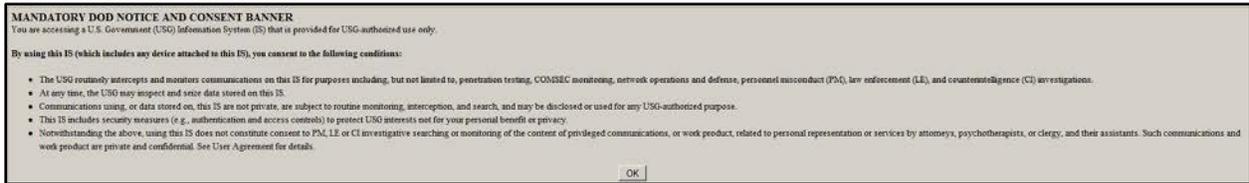
 Please click on "CAC/PIV Access" below to access the application using your DoD Common Access Card (CAC) or Department of Veterans Affairs (VA) Personal Identification Verification (PIV) card.

Make sure that your DoD CAC or VA PIV is inserted into the CAC/PIV reader so that your identity certificate is available to the web browser.

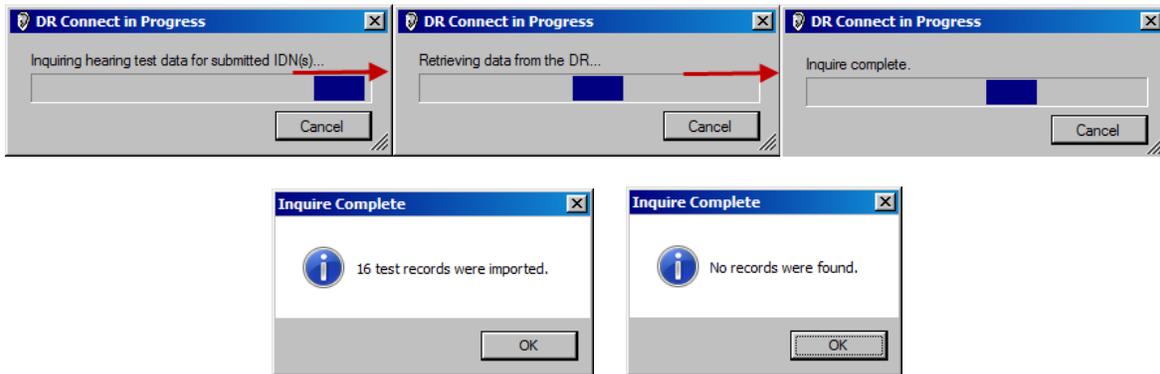
If you need to update your Enterprise Profile click the link below:
[Update your Enterprise Profile](#)

Authenticate with your DoD CAC or VA PIV:



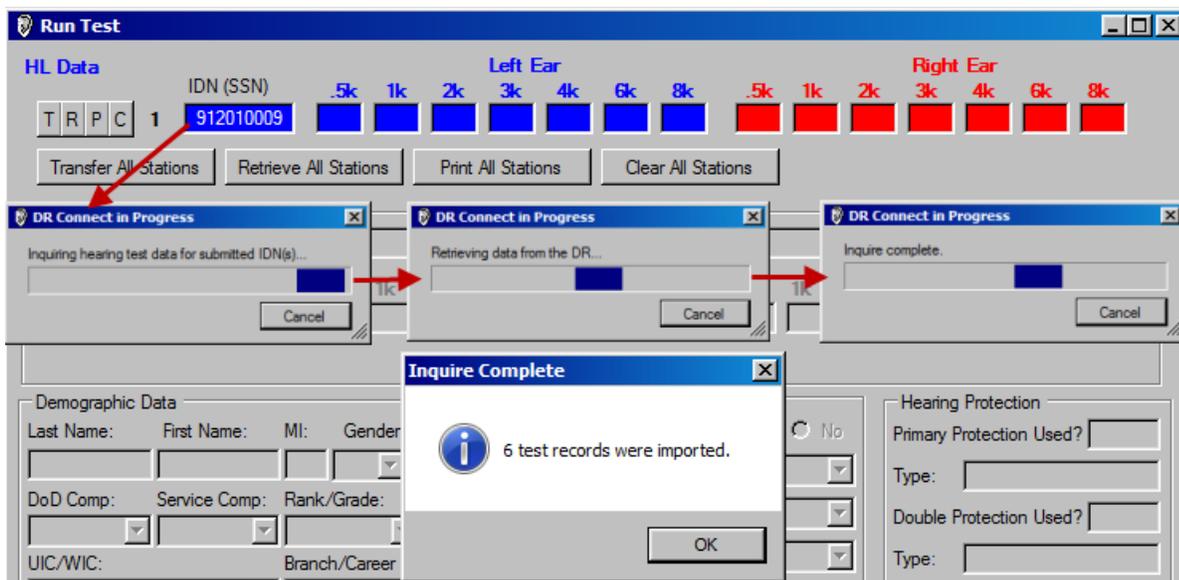


Inquire will commence. Import will complete and display how many records were brought in. This could have been 87 records for 1 patient or any variation with the patients that were submitted. All DR inquired 2215/2216/NHC forms can be printed, but not edited if they weren't created on the local database.



Your DOEHRs-DR account may become locked and/or archived. Inform your Regional Audiologist or their representative if your account is inactive, they may be able to unlock/unarchive your DR user account or submit a request to: https://doehrswww.apgea.army.mil/doehrsdr/pub/RequestUnlock_input.action

DR Inquiries happen automatically and individually in the Run Test screen (connected to the internet). Enter the patient SSN in the Run Test screen and press tab or enter. DR Inquiry process occurs immediately. Import routine works the same as the DR Inquiry window. Patient data downloaded 6 records, including the reference.



Always check to ensure the correct reference is used for periodic tests.

DOEHRs-HC (DR Inquiry) QUIZ

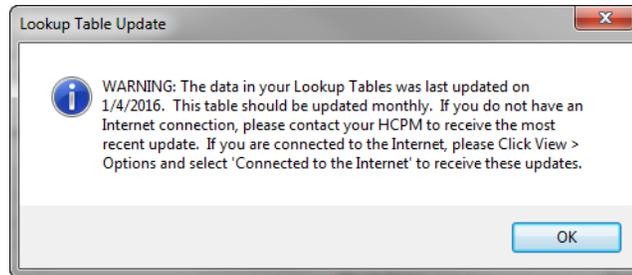
1. How many SSN can be entered into the Request Records from DR screen?
2. Who should you (USN) contact to unlock your DOEHRs-HC DR account?

DOEHRS-HC (Lookup Table Update)

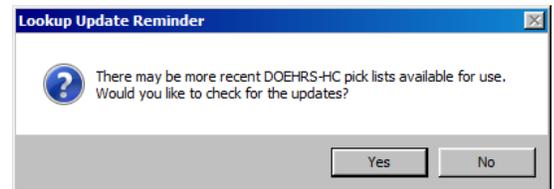
Class 10 minutes

Lookup Table Update occurs monthly and is normally available for download the first working day of each month. Table updates the selections that are available in DOEHRs-HC dropdown windows. The update can be manually downloaded and executed or DOEHRs-HC can automatically retrieve it and then execute it.

DOEHRS-HC will automatically check for Lookup Table updates. The computer must be connected to the Internet in order to download these updates. A valid and current DR account is required for the technician logging in. DOEHRs-HC will automatically check the DOEHRs database upon your login. **If the last update is one month or older, the software will automatically ask if you want to check for a Lookup Table update.** Select Yes.

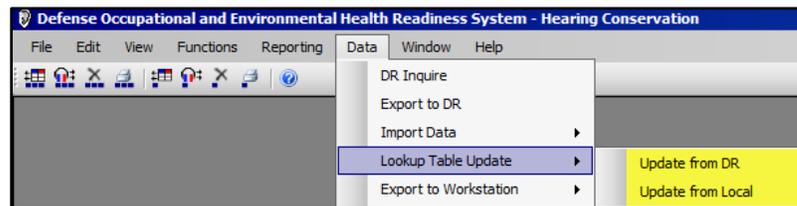


Not connected to the internet

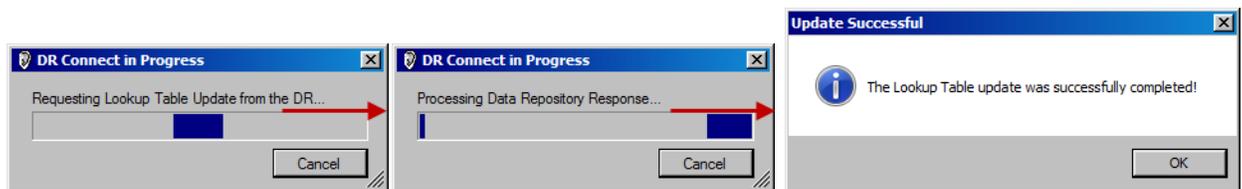


Connected to the Internet

You can also start the process manually either from the DR or with saved update file (Locally).



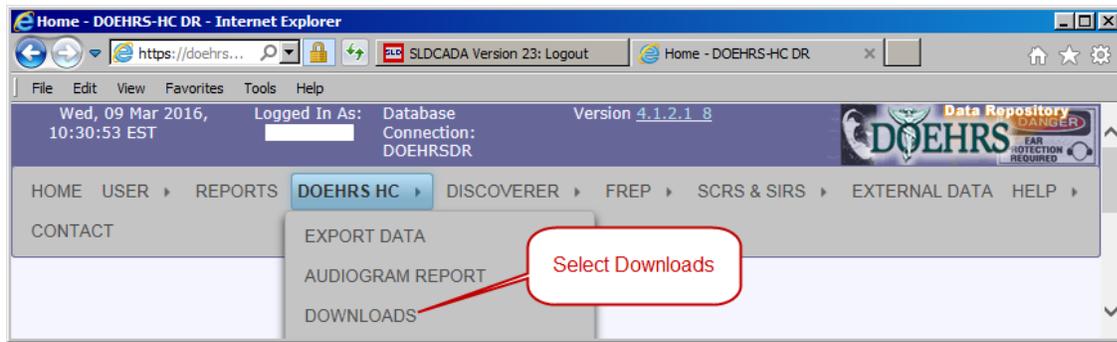
If connected to the internet, the Lookup Table Update Process occurs: Sending Request for Lookup/updating local data/complete.



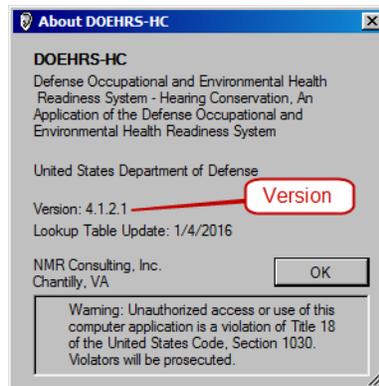
Update is very quick normally only a few seconds. Once completed press OK.

If the DOEHRs-HC DR secure connection does not happen, the software will inform you to try again later or try another method of downloading the Update Patch.

Lookup Table Update from a non-internet connected computer. When logging into a non-internet computer the Lookup Table Update will tell you the date the DOEHS-HC was last updated. Download the Lookup Table Update from DOEHS-HC DR and place on a transferable device. Log into DOEHS-HC DR. Click on DOEHS HC>HC Patches.



DOEHS-HC Software Downloads will appear. Ensure you select the correct file. There are both updates and upgrades/installation software and multiple versions may be present. Once selected click download and save as. Remember where you saved the file as you will need to access it via the DOEHS application



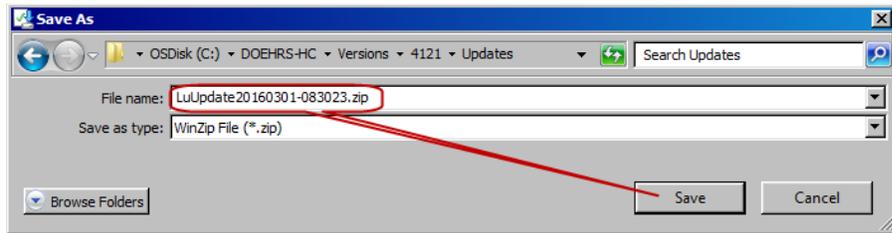
DOEHS-HC Software Downloads

Steps to manually apply a Lookup Table Update:

1. Download the correct Lookup Table Update for your version of DOEHS-HC.
 - Note where it is saved on your local computer.
 - To find the version number, on the menu bar select **Help --> About DOEHS-HC**
2. Open the DOEHS-HC application.
3. On the menu bar select **Data --> Lookup Table Update --> Update from Local**
4. Browse to the file location that was noted above.
5. Select the downloaded file.
6. Then, click the **Open** button
7. The Lookup Table Update will be applied to your installation of DOEHS-HC.

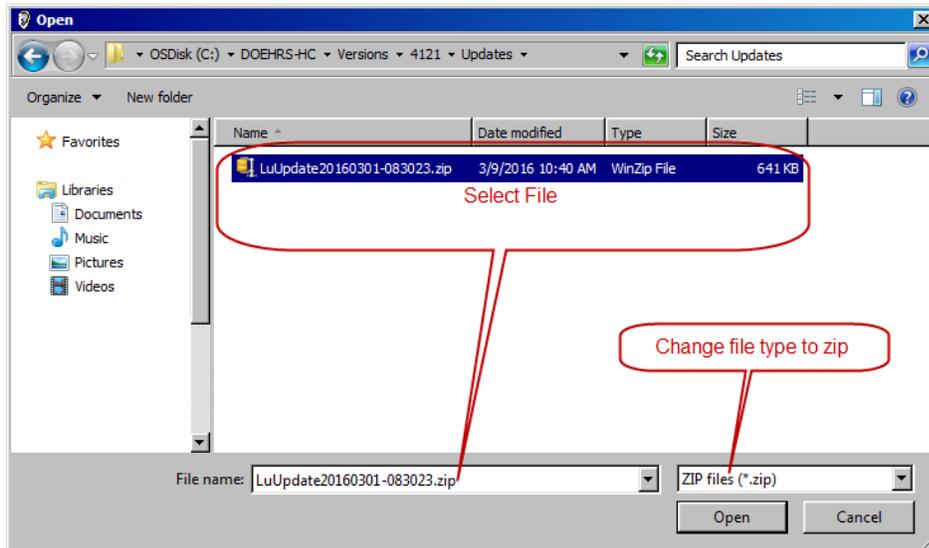
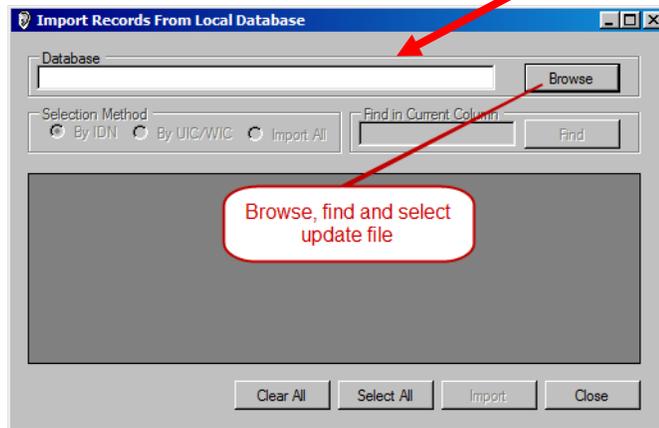
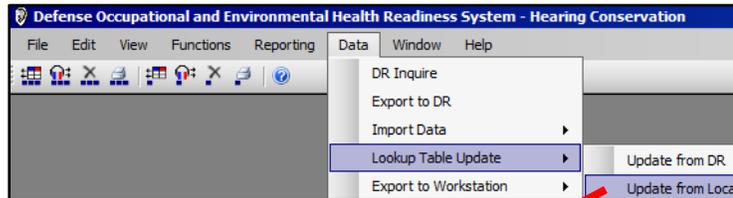
Upload Date	Title	Description	Version	Download
01-Mar-2016	DOEHS-HC Lookup Update for v4.1.2.0	This update will install current lookup tables for DOEHS-HC as of 01 Mar 2016 (File Size: 644KB). WARNING: THIS UPDATE IS FOR VERSION 4.1.2.0 ONLY. IT WILL NOT INSTALL ON VERSION 3.2.0.112 OR EARLIER.	4.1.2.0	Download
01-Mar-2016	DOEHS-HC Lookup Update for v4.1.2.1	This update will install current lookup tables for DOEHS-HC as of 01 Mar 2016 (File Size: 640KB). WARNING: THIS UPDATE IS FOR VERSION 4.1.2.1 ONLY. IT WILL NOT INSTALL ON VERSION 3.2.0.112 OR EARLIER.	4.1.2.1	Download



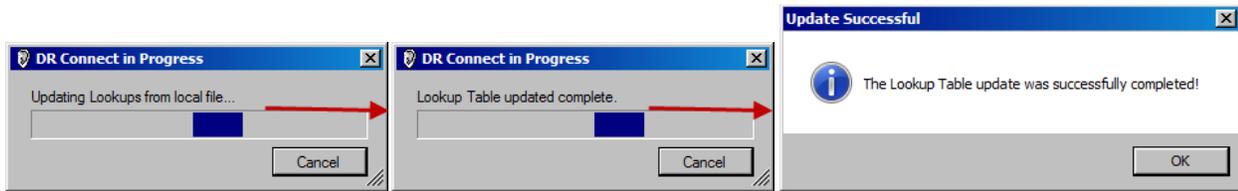


Update File saved.

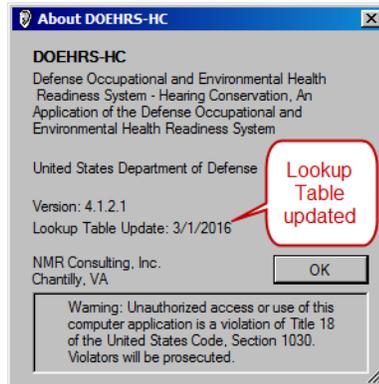
Within DOEHRHS-HC, Go to: Lookup Table Update>Update from Local select and open file.



Application will update.



To Verify Lookup Table Version Go to Help>About DOEHRs-HC. About DOEHRs-HC screen will appear. Visible are the version and Lookup Table Date.



Conduct an update if a more recent update is available. Go to: Desktop>Audio Certification Class>4.1.1.4 Updates select the latest update.

DOEHRs-HC (Lookup Table Update) QUIZ

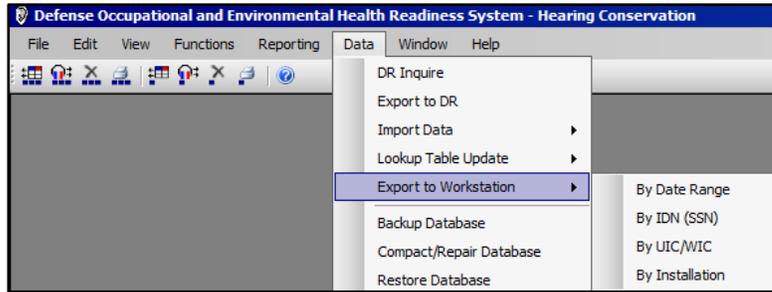
1. Why do Lookup Table Updates?
2. How often does the Lookup Table Update need to occur?
3. How long does the Lookup Table Update take to process?

DOEHRS-HC (Export/Import Data Locally)

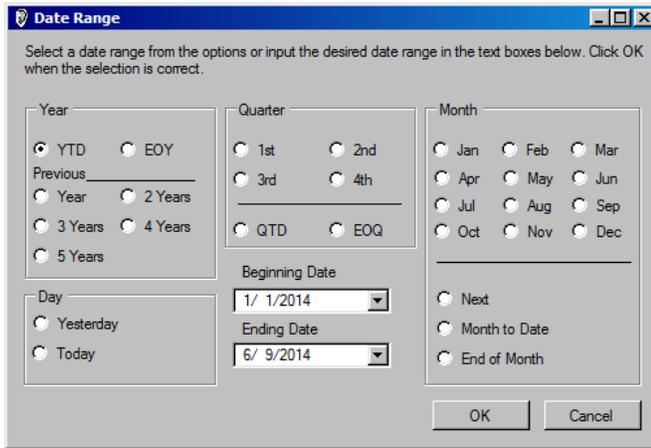
Class 10 minutes/Practicum 5 minutes

DOEHRS-HC data can be transferred (exported/imported) from/to other DOEHRs-HC test sites. This transfer allows you to send complete hearing tests to other applicable locations. It will save time, increase accuracy and help maintain the integrity of the DOEHRs-HC data. It can provide patient demographic data and previous hearing tests needed to conduct periodic or follow-up testing. **For training purposes, this process simulates how a DR Inquiry occurs and affects the local database.**

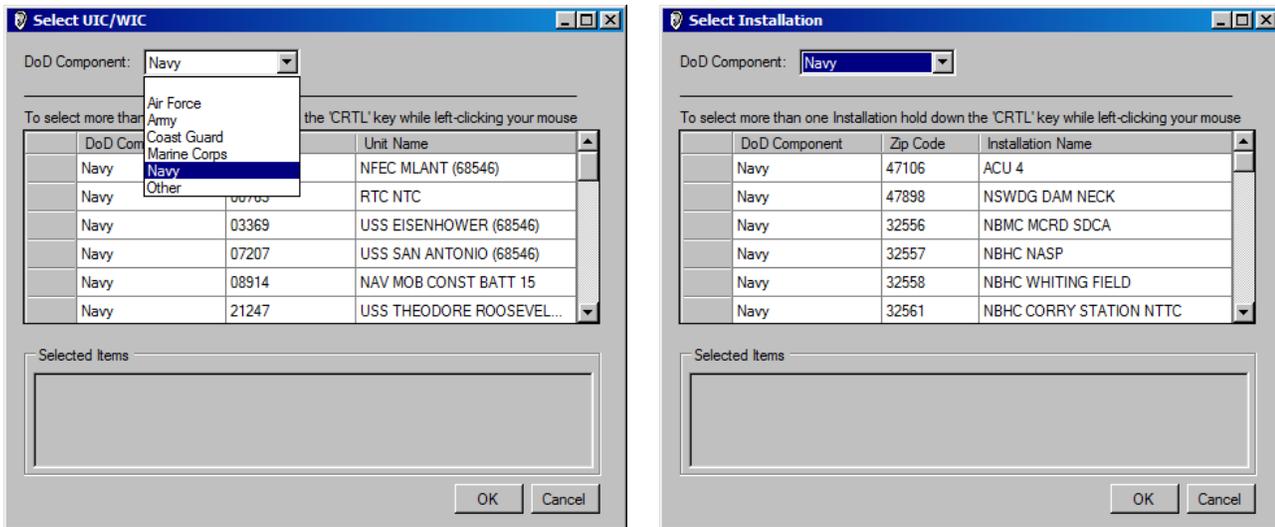
Go to Data>Export to Workstation



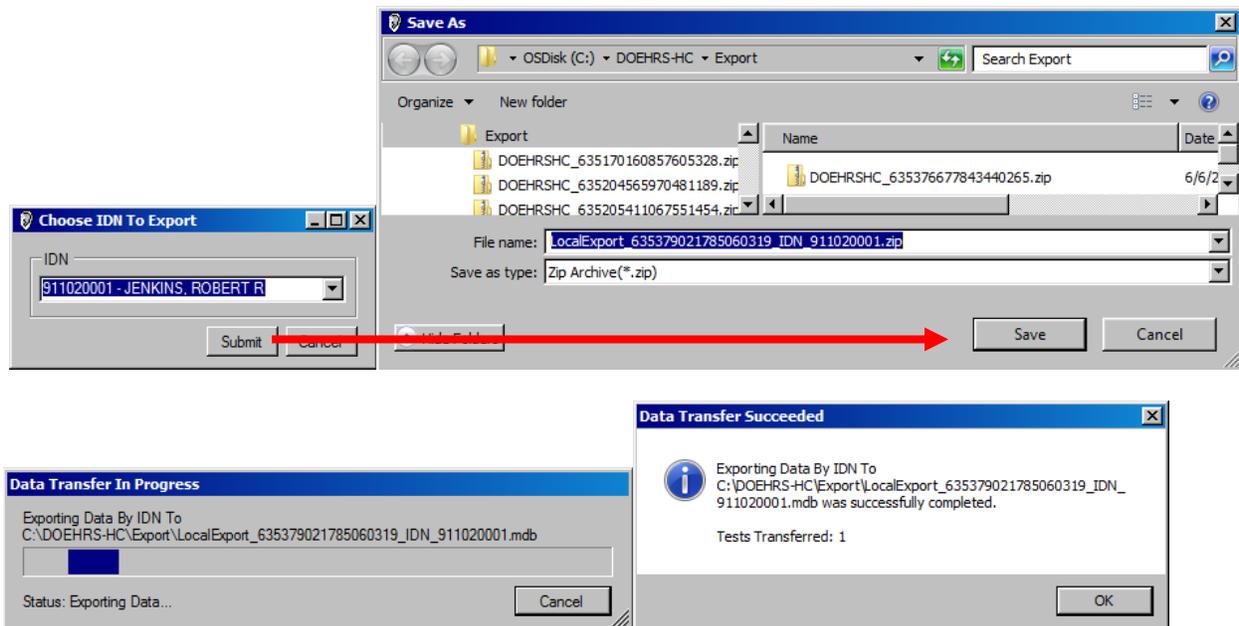
By Date Range. Date Range Window also appears after selecting data for UIC/WIC and Installation Exports. By IDN



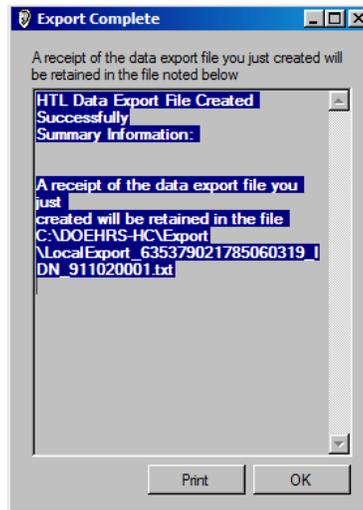
By UIC/WIC, Choose DOD Component from pick-list to see single DOD component choices. Highlight your selection, Use CTRL + Left Click to select more than one choice. By Installation, Choose DOD Component from pick-list to see single DOD component choices. Highlight your selection, Use CTRL + Left Click to select more than one choice.



Once selected, Use “Save in” to select where to save file, removable Drive if you are going to transport file. File automatically named and zipped. Export process starts, creating Zip File. Below we are export by IDN. All exported files process is the same.



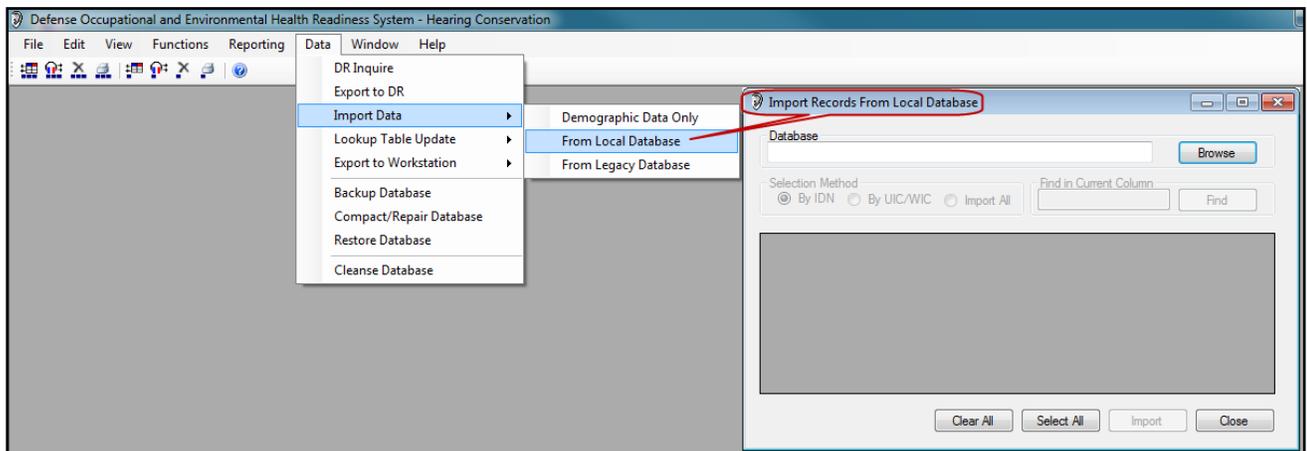
Export Summary appears, all receipt information including location of file is available when printed.

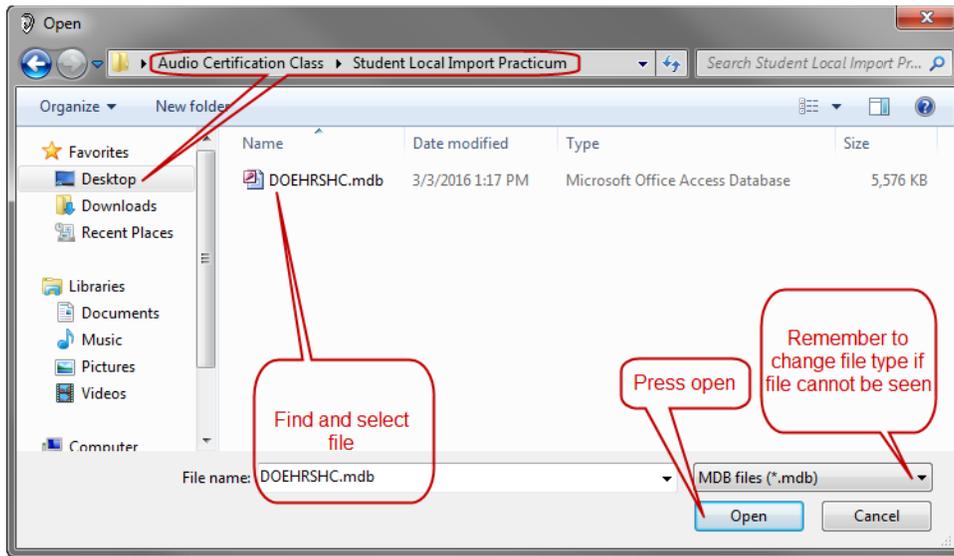


Demographic Data Only: reduces data entry if you have a source, e.g., personnel system, which can give you the necessary information.

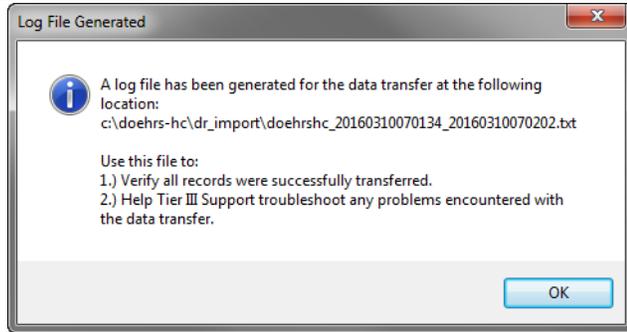
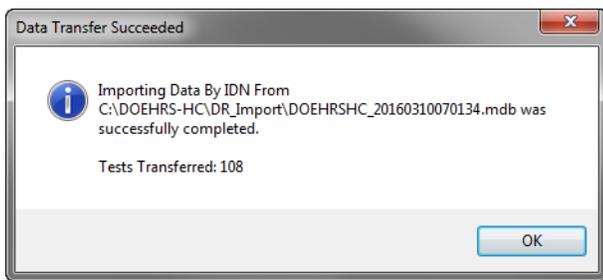
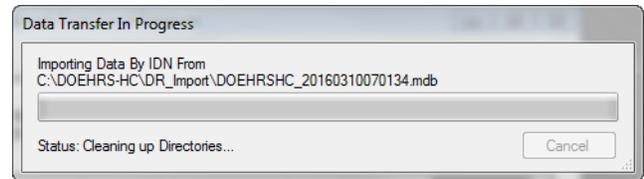
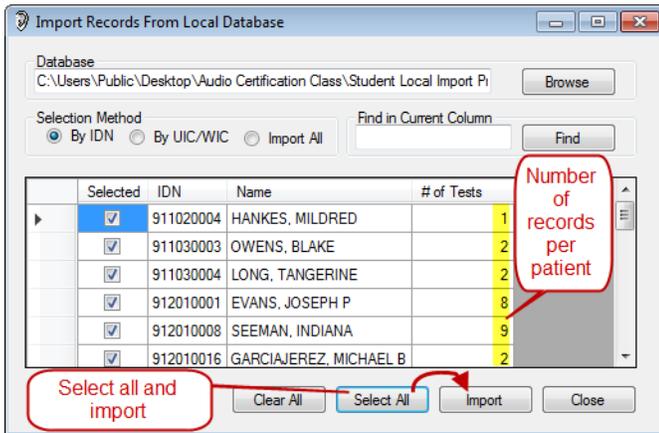
From Legacy Database is to be used only when bring data from 3.2.0.112 into a 4.1 database.

From Local Database: allows you to share data from the DOEHR DR or one DOEHR-HC computer to another, eliminating the need to manually enter data if further testing is required (MOHCAT/SHIPS). Importing DOEHR-HC hearing test data including thresholds & demographics. **Go to Data>Import Data>From Local Database.** Select location where file has been placed. Identify the file location and name, it could be a .ZIP or .MDB file so you may need to use the “drop down” file type to change the selection. Once the file is located select it and click “Open”.





Import Records from Local Database appears. SSN, Patient Name and number of tests are displayed. You can import by IDN (SSN), UIC/WIC, Select All or conduct a specific search by column. Select all and press Import. Once selected, **press Import**, Import process begins and is successful. Click OK and Close Import Records Screen



If the file is zipped, you need to change the file type to zip to conduct your search. Once selected it will unzip automatically.

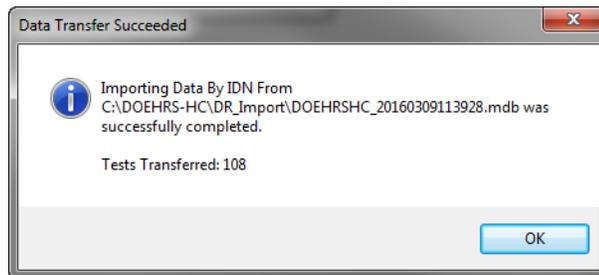
DOEHRS-HC (Export/Import Data Locally) QUIZ

1. Name at least three reasons for transferring data locally.
2. What is the difference between importing: Demographic Data only, From Local Database and From Legacy Database?

DOEHRS-HC (Export/Import Data Locally) PRACTICUM

Conduct a Data Import, (local database). DOEHRSHC Database file is located on the Desktop in folder titled: Audio Certification Class>Student Local Import Practicum. Import will simulate a DR Inquiry.

If done correctly 108 records should transfer.



DOEHRS-HC PATIENT DEMOGRAPHIC DATA FORMS (Practicum)

Test the following patients. To simulate a patient the BAS or your partner may be used. Some patients' data may be easier to enter than others. Be prepared to discuss problems that occurred and what you did to test the patient. Practice manually testing some frequencies. Take notes (for discussion) at the bottom of each page.

DOEHRS-HC Demographic Data Form		Booth # _____
IDN (SSN and DODIDN):	912010035	9530655644
Last Name:	CLEMONS	First Name: ZACHARY MI: P
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr): 11/14/52
Component (select one):	DOD USCG USA USAF USMC <input checked="" type="radio"/> USN Other (explain):	
Service Component (select one):	Contractor <input checked="" type="radio"/> Federal Employee Foreign National Regular Reserve NG	
Rank/Grade:	W9 AFSC/MOS/NOBC/Rate & NEC/SDOC: 4639	Unit: NAV FAC MID ATLANTIC
UIC/WIC/WPID:	Branch/Career Field/Activity:	Major Command:
Work Location or Code:	WC 532	Phone Number (include area code):
Are you routinely exposed to hazardous noise or in the hearing conservation program? <input checked="" type="radio"/> Y <input type="radio"/> N		
Purpose of visit (circle one):	Annual Termination Pre-employment	<input checked="" type="radio"/> Follow-up Retirement/Separation Non-hearing Conservation
Pre-deployment Reference/Baseline Other (explain):		
Post-deployment Accession/Commissioning		
Do you have any Ear, Nose or Throat problems today that affect your hearing? <input type="radio"/> Y <input checked="" type="radio"/> N		
How many hours have you been away from noise prior to this test? 4		
What specific type of Hearing Protection Devices (earpro) do you wear? FOAMIES		
Do you wear double hearing protection? <input checked="" type="radio"/> Y <input type="radio"/> N		
If so, what additional Hearing Protection Devices (HPD)s do you wear? Noise Muffs		
Do you wear glasses or goggles while wearing HPDs? Always Seldom <input checked="" type="radio"/> N/A		
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)		
Not bothered at all <input type="radio"/> Bothered a little <input checked="" type="radio"/> Bothered a lot <input type="radio"/>		
Were you fit with HPDs today? <input type="radio"/> Y <input checked="" type="radio"/> N		
Were you previously fitted with HPDs? <input checked="" type="radio"/> Y <input type="radio"/> N		
Do you currently have your HPDs with you? <input type="radio"/> Y <input checked="" type="radio"/> N		

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):	912010082	9530147645		
Last Name:	BEELER	First Name:	THEODORA	MI:
Gender:	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth (mm/dd/yr):	6/16/72	
Component (select one):	DOD <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USN <input checked="" type="checkbox"/> Other (explain):			
Service Component (select one):	Contractor <input type="checkbox"/> Federal Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> NG <input type="checkbox"/>			
Rank/Grade:	E6	AFSC/MOS/NOBC/Rate & NEC/SDOC:	NC 2199	Unit: Expeditionary Combat Center
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command:	
Work Location or Code:	Operations, NORFOLK, VA		Phone Number (include area code):	757-555-5555
Are you routinely exposed to hazardous noise or in the hearing conservation program?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
Purpose of visit (circle one):	Annual <input type="checkbox"/> Termination <input type="checkbox"/> Pre-employment <input type="checkbox"/>	Follow-up <input type="checkbox"/> Retirement/Separation <input type="checkbox"/> Non-hearing Conservation <input type="checkbox"/>	Pre-deployment <input type="checkbox"/> Reference/Baseline <input type="checkbox"/> Other (explain):	Post-deployment <input type="checkbox"/> Accession/Commissioning <input type="checkbox"/>
Do you have any Ear, Nose or Throat problems today that affect your hearing?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
How many hours have you been away from noise prior to this test?	0			
What specific type of Hearing Protection Devices (earpro) do you wear?	FOAMIES			
Do you wear double hearing protection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Noise Muffs	
If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Seldom <input type="checkbox"/> N/A			
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)	<input checked="" type="checkbox"/> Not bothered at all <input type="checkbox"/> Bothered a little <input type="checkbox"/> Bothered a lot			
Were you fit with HPDs today?	<input type="checkbox"/> Y <input type="checkbox"/> N	Were you previously fitted with HPDs?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Do you currently have your HPDs with you?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Was hearing health education provided today?	<input type="checkbox"/> Y <input type="checkbox"/> N			

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form		Booth # _____
IDN (SSN and DODIDN):	912010083	9530945601
Last Name:	AUGUST	First Name: WILLIAM MI: J
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yr): 6/29/79
Component (select one):	DOD USCG USA USAF <input checked="" type="checkbox"/> USMC USN Other (explain):	
Service Component (select one):	Contractor Federal Employee Foreign National <input checked="" type="checkbox"/> Regular Reserve NG	
Rank/Grade:	E7 AFSC/MOS/NOBC/Rate & NEC/SDOC: 0622	Unit: 3/11
UIC/WIC/WPID:	Branch/Career Field/Activity:	Major Command: 1 MARDIV
Work Location or Code:	OPERATIONS	Phone Number (include area code): 757-555-5555
Are you routinely exposed to hazardous noise or in the hearing conservation program?	Y <input checked="" type="checkbox"/> N	
Purpose of visit (circle one):	Annual Termination Pre-employment	Follow-up Retirement/Separation Non-hearing Conservation
	Pre-deployment Reference/Baseline Other (explain):	Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing?	Y <input checked="" type="checkbox"/> N	
How many hours have you been away from noise prior to this test?	14	
What specific type of Hearing Protection Devices (earpro) do you wear?	FOAMIES	
Do you wear double hearing protection?	Y <input checked="" type="checkbox"/> N	
If so, what additional Hearing Protection Devices (HPD)s do you wear?		
Do you wear glasses or goggles while wearing HPDs?	Always Seldom <input checked="" type="checkbox"/> N/A	
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)	<input checked="" type="checkbox"/> Not bothered at all	Bothered a little Bothered a lot
Were you fit with HPDs today?	Y N <input checked="" type="checkbox"/>	Were you previously fitted with HPDs? <input checked="" type="checkbox"/> Y N
Do you currently have your HPDs with you?	Y <input checked="" type="checkbox"/> N	
Was hearing health education provided today?	Y N	

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):	912010085	9530945121		
Last Name:	FAIRLEY	First Name:	GREGORY	MI:
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr):	4/8/58	
Component (select one):	DOD <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input checked="" type="checkbox"/> USN <input type="checkbox"/> Other (explain):			
Service Component (select one):	Contractor <input type="checkbox"/> Federal Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> NG <input type="checkbox"/>			
Rank/Grade:	E9	AFSC/MOS/NOBC/Rate & NEC/SDOC:	78F9	Unit:
UIC/WIC/WPID: 00060		Branch/Career Field/Activity:		Major Command:
Work Location or Code: 3H Norfolk, VA		Phone Number (include area code): 757-555-5555		
Are you routinely exposed to hazardous noise or in the hearing conservation program? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Purpose of visit (circle one):	Annual Termination Pre-employment	Follow-up Retirement/Separation Non-hearing Conservation	Pre-deployment Reference/Baseline Other (explain):	Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
How many hours have you been away from noise prior to this test? 0				
What specific type of Hearing Protection Devices (earpro) do you wear? SKULLSCREWS				
Do you wear double hearing protection? <input type="checkbox"/> Y <input type="checkbox"/> N				
If so, what additional Hearing Protection Devices (HPD)s do you wear? MUFFS				
Do you wear glasses or goggles while wearing HPDs? Always <input type="checkbox"/> Seldom <input checked="" type="checkbox"/> N/A				
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				
<input checked="" type="radio"/> Not bothered at all <input type="radio"/> Bothered a little <input type="radio"/> Bothered a lot				
Were you fit with HPDs today? <input type="checkbox"/> Y <input type="checkbox"/> N				
Were you previously fitted with HPDs? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Do you currently have your HPDs with you? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Was hearing health education provided today? <input type="checkbox"/> Y <input type="checkbox"/> N				

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):		912010088	9530945154	
Last Name:	MATHENY	First Name:	SHANE	MI: A
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yr):	4/24/73	
Component (select one):	DOD <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input checked="" type="checkbox"/> USN <input type="checkbox"/> Other (explain):			
Service Component (select one):	Contractor <input type="checkbox"/> Federal Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> NG <input type="checkbox"/>			
Rank/Grade:	E6	AFSC/MOS/NOBC/Rate & NEC/SDOC:	6801	Unit: USS Theodore Roosevelt
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command:	
Work Location or Code:	OPS	Phone Number (include area code):	757-555-5555	
Are you routinely exposed to hazardous noise or in the hearing conservation program? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Purpose of visit (circle one):	Annual Termination Pre-employment	Follow-up Retirement/Separation Non-hearing Conservation	Pre-deployment Reference/Baseline Other (explain):	Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing? Y <input checked="" type="checkbox"/> N				
How many hours have you been away from noise prior to this test? 2				
What specific type of Hearing Protection Devices (earpro) do you wear? FOAMIES				
Do you wear double hearing protection? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If so, what additional Hearing Protection Devices (HPD)s do you wear? MUFFS				
Do you wear glasses or goggles while wearing HPDs? <input checked="" type="checkbox"/> Always <input type="checkbox"/> Seldom <input type="checkbox"/> N/A				
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one) <input checked="" type="checkbox"/> Not bothered at all <input type="checkbox"/> Bothered a little <input type="checkbox"/> Bothered a lot				
Were you fit with HPDs today? Y <input type="checkbox"/> N <input type="checkbox"/> Were you previously fitted with HPDs? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Do you currently have your HPDs with you? Y <input checked="" type="checkbox"/> N				
Was hearing health education provided today? Y <input type="checkbox"/> N				

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form		Booth # _____
IDN (SSN and DODIDN):	912010093	9530758155
Last Name:	MARTINEZ	First Name: LANE MI: P
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr): 4/14/73
Component (select one):	DOD USCG USA USAF USMC <input checked="" type="radio"/> USN Other (explain):	
Service Component (select one):	Contractor Federal Employee Foreign National <input checked="" type="radio"/> Regular Reserve NG	
Rank/Grade:	E8 AFSC/MOS/NOBC/Rate & NEC/SDOC: ITS 2783	Unit: Fleet Forces Command
UIC/WIC/WPID:	00050 Branch/Career Field/Activity:	Major Command:
Work Location or Code:	Q2	Phone Number (include area code): 757-555-5555
Are you routinely exposed to hazardous noise or in the hearing conservation program?	<input checked="" type="radio"/> Y <input type="radio"/> N	
Purpose of visit (circle one):	Annual Termination Pre-employment <input checked="" type="radio"/> Follow-up Retirement/Separation Non-hearing Conservation	Pre-deployment Reference/Baseline Other (explain): Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing?	<input type="radio"/> Y <input checked="" type="radio"/> N	
How many hours have you been away from noise prior to this test?	4	
What specific type of Hearing Protection Devices (earpro) do you wear?	FOAMIES	
Do you wear double hearing protection?	<input type="radio"/> Y <input checked="" type="radio"/> N	
If so, what additional Hearing Protection Devices (HPD)s do you wear?		
Do you wear glasses or goggles while wearing HPDs?	<input checked="" type="radio"/> Always <input type="radio"/> Seldom <input type="radio"/> N/A	
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)	<input checked="" type="radio"/> Not bothered at all <input type="radio"/> Bothered a little <input type="radio"/> Bothered a lot	
Were you fit with HPDs today?	<input type="radio"/> Y <input checked="" type="radio"/> N	Were you previously fitted with HPDs? <input checked="" type="radio"/> Y <input type="radio"/> N
Do you currently have your HPDs with you?	<input checked="" type="radio"/> Y <input type="radio"/> N	
Was hearing health education provided today?	<input type="radio"/> Y <input checked="" type="radio"/> N	

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):		912010095	923480675A	
Last Name:		FORREST	First Name:	BRIAN
MI:		K		
Gender:	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth (mm/dd/yr):	8/30/88
Component (select one):	<input type="radio"/> DOD	<input type="radio"/> USCG	<input type="radio"/> USA	<input type="radio"/> USAF
	<input checked="" type="radio"/> USMC	<input type="radio"/> USN	Other (explain):	
Service Component (select one):	<input type="radio"/> Contractor	<input type="radio"/> Federal Employee	<input type="radio"/> Foreign National	<input checked="" type="radio"/> Regular
	<input type="radio"/> Reserve	<input type="radio"/> NG		
Rank/Grade:	E5	AFSC/MOS/NOBC/Rate & NEC/SDOC:	1371	
		Unit:	VMM 764	
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command: 4 MAW	
Work Location or Code:	FLIGHT LINE		Phone Number (include area code):	757-555-5555
Are you routinely exposed to hazardous noise or in the hearing conservation program?				<input checked="" type="radio"/> Y <input type="radio"/> N
Purpose of visit (circle one):	<input type="radio"/> Annual Termination	<input type="radio"/> Follow-up Retirement/Separation	<input type="radio"/> Pre-deployment Reference/Baseline	<input type="radio"/> Post-deployment Accession/Commissioning
	<input type="radio"/> Pre-employment	<input type="radio"/> Non-hearing Conservation	<input type="radio"/> Other (explain):	
Do you have any Ear, Nose or Throat problems today that affect your hearing?				<input type="radio"/> Y <input checked="" type="radio"/> N
How many hours have you been away from noise prior to this test?				6
What specific type of Hearing Protection Devices (earpro) do you wear?				COMBAT ARMS
Do you wear double hearing protection?				<input type="radio"/> Y <input checked="" type="radio"/> N
If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs?				<input type="radio"/> Always <input type="radio"/> Seldom <input checked="" type="radio"/> N/A
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				
<input checked="" type="radio"/> Not bothered at all		<input type="radio"/> Bothered a little	<input type="radio"/> Bothered a lot	
Were you fit with HPDs today?		<input type="radio"/> Y <input checked="" type="radio"/> N	Were you previously fitted with HPDs?	
		<input type="radio"/> Y	<input checked="" type="radio"/> N	
Do you currently have your HPDs with you?				<input type="radio"/> Y <input checked="" type="radio"/> N

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____	
IDN (SSN and DODIDN):		912010097	9230621757		
Last Name:	RAYBORN	First Name:	TASMINE	MI: T	
Gender:	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth (mm/dd/yr):	5/6/91		
Component (select one):	DOD <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input checked="" type="checkbox"/> USN <input type="checkbox"/> Other (explain):				
Service Component (select one):	Contractor <input type="checkbox"/> Federal Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> NG <input type="checkbox"/>				
Rank/Grade:	E3	AFSC/MOS/NOBC/Rate & NEC/SDOC:	A06801	Unit: Fleet Readiness Center SE	
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command:		
Work Location or Code:	KEYWEST FL		Phone Number (include area code):	239-555-5555	
Are you routinely exposed to hazardous noise or in the hearing conservation program?				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Purpose of visit (circle one):	Annual <input type="checkbox"/> Termination <input type="checkbox"/> Pre-employment <input type="checkbox"/>	Follow-up <input type="checkbox"/> Retirement/Separation <input type="checkbox"/> Non-hearing Conservation <input type="checkbox"/>	Pre-deployment <input type="checkbox"/> Reference/Baseline <input type="checkbox"/> Other (explain):	Post-deployment <input type="checkbox"/> Accession/Commissioning <input type="checkbox"/>	
Do you have any Ear, Nose or Throat problems today that affect your hearing?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
How many hours have you been away from noise prior to this test?				18	
What specific type of Hearing Protection Devices (earpro) do you wear?				NOISE MUFFS	
Do you wear double hearing protection?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
If so, what additional Hearing Protection Devices (HPD)s do you wear?					
Do you wear glasses or goggles while wearing HPDs?				Always <input type="checkbox"/> Seldom <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)					
		Not bothered at all <input type="checkbox"/>	Bothered a little <input checked="" type="checkbox"/>	Bothered a lot <input type="checkbox"/>	
Were you fit with HPDs today?		Y <input type="checkbox"/> N <input type="checkbox"/>	Were you previously fitted with HPDs?		
			Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
Do you currently have your HPDs with you?		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):		912010103	9240612776	
Last Name:	MAUDLIN	First Name:	BENJAMIN	MI: M
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr):	7/23/85	
Component (select one):	<input type="radio"/> DOD <input type="radio"/> USCG <input type="radio"/> USA <input type="radio"/> USAF <input checked="" type="radio"/> USMC <input type="radio"/> USN	Other (explain):		
Service Component (select one):	<input type="radio"/> Contractor <input type="radio"/> Federal Employee <input type="radio"/> Foreign National <input checked="" type="radio"/> Regular <input type="radio"/> Reserve <input type="radio"/> NG			
Rank/Grade:	E6	AFSC/MOS/NOBC/Rate & NEC/SDOC:	8411	Unit: USMC Recruiting Station
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command: HQMC	
Work Location or Code:	Richmond VA		Phone Number (include area code): 757-555-5555	
Are you routinely exposed to hazardous noise or in the hearing conservation program?				Y <input checked="" type="radio"/> N
Purpose of visit (circle one):	<input type="radio"/> Annual Termination <input type="radio"/> Pre-employment	<input type="radio"/> Follow-up Retirement/Separation <input type="radio"/> Non-hearing Conservation	<input type="radio"/> Pre-deployment Reference/Baseline <input type="radio"/> Other (explain):	<input type="radio"/> Post-deployment Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing?				Y <input checked="" type="radio"/> N
How many hours have you been away from noise prior to this test?				24
What specific type of Hearing Protection Devices (earpro) do you wear?				FOAMIES
Do you wear double hearing protection?				Y <input checked="" type="radio"/> N
If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs?				Always <input type="radio"/> Seldom <input checked="" type="radio"/> N/A
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				
<input checked="" type="radio"/> Not bothered at all <input type="radio"/> Bothered a little <input type="radio"/> Bothered a lot				
Were you fit with HPDs today?		Y <input type="radio"/> N <input checked="" type="radio"/>	Were you previously fitted with HPDs?	
		Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	
Do you currently have your HPDs with you?				
<input checked="" type="radio"/> Y <input type="radio"/> N				

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):		912010107	9350112156	
Last Name:	PORTILLO	First Name:	CALVIN	MI: K
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr):	11/27/74	
Component (select one):	<input type="radio"/> DOD <input type="radio"/> USCG <input type="radio"/> USA <input type="radio"/> USAF <input checked="" type="radio"/> USMC <input type="radio"/> USN <input type="radio"/> Other (explain):			
Service Component (select one):	<input type="radio"/> Contractor <input type="radio"/> Federal Employee <input type="radio"/> Foreign National <input checked="" type="radio"/> Regular <input type="radio"/> Reserve <input type="radio"/> NG			
Rank/Grade:	E6	AFSC/MOS/NOBC/Rate & NEC/SDOC:	0481	Unit: USSARLINGTON
UIC/WIC/WPID:	LPD24	Branch/Career Field/Activity:		Major Command: COMPACFLT
Work Location or Code:	SB	Phone Number (include area code):	757-555-5555	
Are you routinely exposed to hazardous noise or in the hearing conservation program?				<input checked="" type="radio"/> Y <input type="radio"/> N
Purpose of visit (circle one):	<input type="radio"/> Annual <input type="radio"/> Termination <input type="radio"/> Pre-employment	<input type="radio"/> Follow-up <input type="radio"/> Retirement/Separation <input type="radio"/> Non-hearing Conservation	<input type="radio"/> Pre-deployment <input type="radio"/> Reference/Baseline <input type="radio"/> Other (explain):	<input type="radio"/> Post-deployment <input type="radio"/> Accession/Commissioning
Do you have any Ear, Nose or Throat problems today that affect your hearing?				Y <input checked="" type="radio"/> N
How many hours have you been away from noise prior to this test?				2
What specific type of Hearing Protection Devices (earpro) do you wear?				SKULL SCREWS
Do you wear double hearing protection? Y N				<input type="radio"/> Y <input type="radio"/> N
If so, what additional Hearing Protection Devices (HPD)s do you wear?				MUFFS
Do you wear glasses or goggles while wearing HPDs? Always Seldom N/A				<input type="radio"/> Always <input checked="" type="radio"/> Seldom <input type="radio"/> N/A
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				
<input checked="" type="radio"/> Not bothered at all <input type="radio"/> Bothered a little <input type="radio"/> Bothered a lot				
Were you fit with HPDs today?		<input type="radio"/> Y <input type="radio"/> N	Were you previously fitted with HPDs?	
		<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	
Do you currently have your HPDs with you? Y <input checked="" type="radio"/> N				

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

DOEHRS-HC Demographic Data Form				Booth # _____
IDN (SSN and DODIDN):	912010108	9350196156		
Last Name:	BECK	First Name:	SEAN	MI: M
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yr):	6/3/82	
Component (select one):	DOD <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> Other (explain):			
Service Component (select one):	Contractor <input type="checkbox"/> Federal Employee <input type="checkbox"/> Foreign National <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> NG <input type="checkbox"/>			
Rank/Grade:	E5	AFSC/MOS/NOBC/Rate & NEC/SDOC:	6112	Unit: HMM 774
UIC/WIC/WPID:	Branch/Career Field/Activity:		Major Command: 4 MAW	
Work Location or Code:	FLIGHT LINE	Phone Number (include area code):	757-555-5555	
Are you routinely exposed to hazardous noise or in the hearing conservation program?				<input checked="" type="radio"/> Y <input type="radio"/> N
Purpose of visit (circle one):	Annual Termination <input type="checkbox"/> Pre-employment <input type="checkbox"/>	Follow-up Retirement/Separation <input type="checkbox"/> Non-hearing Conservation <input type="checkbox"/>	Pre-deployment Reference/Baseline <input type="checkbox"/> Other (explain):	Post-deployment Accession/Commissioning <input type="checkbox"/>
Do you have any Ear, Nose or Throat problems today that affect your hearing?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
How many hours have you been away from noise prior to this test?				0
What specific type of Hearing Protection Devices (earpro) do you wear?				FOAMIES
Do you wear double hearing protection? Y <input type="checkbox"/> N <input type="checkbox"/>				FLIGHT DECK CRANIAL
If so, what additional Hearing Protection Devices (HPD)s do you wear?				
Do you wear glasses or goggles while wearing HPDs?				Always <input checked="" type="checkbox"/> Seldom <input type="checkbox"/> N/A <input type="checkbox"/>
During the past month, how much have you been bothered by noises in your head or ears, such as ringing, buzzing, crickets, humming, tone(s), etc? (circle one)				Not bothered at all <input checked="" type="checkbox"/> Bothered a little <input type="checkbox"/> Bothered a lot <input type="checkbox"/>
Were you fit with HPDs today?		Y <input type="checkbox"/> N <input type="checkbox"/>	Were you previously fitted with HPDs?	
			Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Do you currently have your HPDs with you?				Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Test type selected/reason:

Changes made from previous patient data:

Write down any issues/problems that you had:

Answered Questions:

To prepare for the practical exam, students conduct a final back-up of their database to the desktop. Do not shut down computer as it needs to be set up for the practical exam.