

**HEALTH RECORD****CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (*Sign each entry*)**ANNUAL HEARING CONSERVATION PROGRAM**

Member reports on this date for annual audiogram:

- a. Does initial audiogram reveal significant threshold shift? Y / N  
If NO, return to duty and reevaluate in 1 year. If YES, do otoscopic exam and another audiogram no less than 14 hours later to include the patient having been in a noise free environment.  
OTOSCOPIC EXAM RESULT: \_\_\_\_\_ DATE/TIME \_\_\_\_\_
- b. Does the 14 hour follow up audiogram reveal significant threshold shift? Y / N  
If NO, return to duty and reevaluate in 1 year. If YES, with STS for the better, then reestablish the baseline. If STS is worse, then do another audiogram after completing a tympanogram.  
TYMPANOGRAM RESULTS: \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
After completing the tympanogram, perform a third and final follow up audiogram immediately.
- c. Does the follow up audiogram reveal significant threshold shift? Y / N  
If NO, return to duty and reevaluate in 1 year. If YES, refer to the medical officer for possible Audiology consult.  
DATE/TIME \_\_\_\_\_

The goal of the Hearing Conservation Program is to prevent hearing loss caused by exposure to hazardous noise levels. The Navy is interested in your health and safety and wants you to actively try to protect your hearing both on and off the job. Long exposure times to excessive noise levels result in damage to the small, sensitive hairlike nerve fibers in the inner ear. Unfortunately, damage to these sensitive nerve fibers cannot be repaired or replaced. This is another reason why it is so important to that you protect your ears from damage. The damage cannot be corrected once it occurs.

Hearing loss from noise is painless, progressive, permanent, and also preventable. Fitted hearing protection is just that, it must be fitted to the individuals ear. Hearing impairment from noise (NO MATTER HOW INTENSE THE NOISE) does not have to occur if proper ear protection is worn.

I have read the above statements and understand them. I have been fitted and have received hearing protection:

Left ear: Size \_\_\_\_\_ Type \_\_\_\_\_

Right ear: Size \_\_\_\_\_ Type \_\_\_\_\_

I have received the annual training on proper use, how to clean earplugs, and implications of wrong or no usage. I understand that a noise induced hearing loss is preventable and I am ultimately responsible for my hearing.

PATIENT SIGNATURE \_\_\_\_\_ CORPSMAN SIGNATURE \_\_\_\_\_

PATIENT'S IDENTIFICATION (*Use this space for Mechanical Imprint*)

**RECORDS  
MAINTAINED  
AT:** 

PATIENT'S NAME (*Last, First, Middle Initial*)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ACTIVITY/DIVISION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>