

# 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      Follow-up      Pre-deployment      Post-deployment  
                                          Termination      Retirement/Separation      Reference/Baseline      Accession/Commissioning  
                                          Pre-employment      Non-hearing Conservation      Other (explain): \_\_\_\_\_

**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

**Do you currently have your HPDs with you?**      Y      N

**Was hearing health education provided today?**      Y      N

**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

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