

REFERENCE AUDIOGRAM										1. ZIP CODE/APO/FPO/PAS						
<i>(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)</i>																
2. DOD COMPONENT					3. SERVICE COMPONENT											
<input type="checkbox"/> A - ARMY F - AIR FORCE 1 - OTHER <input type="checkbox"/> N - NAVY M - MARINE CORPS					<input type="checkbox"/> R - REGULAR G - NATIONAL GUARD <input type="checkbox"/> V - RESERVE 1 - OTHER											
4. SOCIAL SECURITY NUMBER			5. NAME (Last, First, Middle Initial)				6. DATE OF BIRTH (YYYYMMDD)			7. SEX						
										<input type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE						
8. PAY GRADE, UNIFORMED SERVICES		9. PAY GRADE, CIVILIAN		10. SERVICE DUTY OCCUPATION CODE		11. MAILING ADDRESS OF ASSIGNMENT										
12. LOCATION - PLACE OF WORK					13. MAJOR COMMAND			14. DUTY TELEPHONE (Include area code)								
AUDIOMETRY																
15. REASON FOR CONDUCTING AUDIOGRAM																
<input type="checkbox"/> 1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS				<input type="checkbox"/> 2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES				<input type="checkbox"/> 3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM								
16. AUDIOMETRIC DATA RE: ANSI S3.6 - 1989		LEFT						RIGHT								
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000			
17. DATE OF AUDIOGRAM (YYYYMMDD)																
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								
<input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES								<input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES <input type="checkbox"/> 3 - UNKNOWN								
22. EXAMINER																
a. NAME (Last, First, Middle Initial)					b. TRAINING CERTIFICATION NUMBER			c. SERVICE DUTY OCCUPATION CODE			d. OFFICE SYMBOL					
23. AUDIOMETER										e. LAST ELECTROACOUSTIC CALIBRATION DATE (YYYYMMDD)						
a. TYPE		b. MODEL			c. MANUFACTURER			d. SERIAL NUMBER								
<input type="checkbox"/> 1 - MANUAL <input type="checkbox"/> 2 - SELF-RECORDING (Automatic) <input type="checkbox"/> 3 - MICROPROCESSOR																
24. PERSONAL HEARING PROTECTION																
a. TYPE ISSUED				b. SIZE EARPLUGS			c. DOUBLE PROTECTION USED		d. GLASSES WORN (Including goggles)			e. FREQUENCY GLASSES WORN				
<input type="checkbox"/> 1 - SINGLE FLANGE (VS1R) <input type="checkbox"/> 2 - TRIPLE FLANGE <input type="checkbox"/> 3 - HAND FORMED EARPLUG				<input type="checkbox"/> 4 - EAR CANAL CAPS <input type="checkbox"/> 5 - NOISE MUFFS <input type="checkbox"/> 6 - OTHER <input type="checkbox"/> 7 - NONE			<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1 - XS <input type="checkbox"/> 4 - L <input type="checkbox"/> 2 - S <input type="checkbox"/> 5 - XL <input type="checkbox"/> 3 - M		<input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES		<input type="checkbox"/> 1 - NO <input type="checkbox"/> 2 - YES			<input type="checkbox"/> 1 - ALWAYS <input type="checkbox"/> 2 - SELDOM <input type="checkbox"/> 3 - N/A		
25. REMARKS (Include exposure data)																

INSTRUCTIONS

(Refer to DoD Component Instructions for additional guidance)

PURPOSE: This form is used to record initial audiometric test results with which later audiometric test results can be compared (see DD Form 2216, "Hearing Conservation Data," to record periodic test results).

1. ZIP CODE/APO/FPO/PAS. Enter nine digit ZIP Code/APO/FPO/ PAS of where audiometric test is conducted.

2. DOD COMPONENT. Enter letter in box of major organizational subdivision of DoD to which military or civilian individual is assigned. Enter "1" if DoD component is not listed.

3. SERVICE COMPONENT. Enter letter in box corresponding to primary subdivision of separate military service in which military is assigned (e.g., Regular (R) - standing military component of armed forces in peace and war; Reserve (V) - component of ready trained personnel for military service when needed, etc.; National Guard (G) - component of National Guard personnel in full-time or part-time status). Enter "1" for all others, including civilians.

PERSONAL DATA OF INDIVIDUAL BEING TESTED:

4. SOCIAL SECURITY NUMBER. Enter nine digit social security number. If foreign national, enter "FN" in middle two blocks.

5. NAME. Enter surname, given name and middle initial.

6. DATE OF BIRTH. Enter year, month, day.

7. SEX. Enter "M" if male, "F" if female.

8. PAY GRADE, UNIFORMED SERVICES. For military personnel only, enter military personnel class and pay level serial number as follows:

- O11 - General of the Army/General of the Air Force/Fleet Admiral
- O10 - General/Admiral
- O09 - Lieutenant General/Vice Admiral
- O08 - Major General/Rear Admiral (Upper Half)
- O07 - Brigadier General/Rear Admiral (Lower Half)/Commodore
- O06 - Colonel (A,F,M)/Captain (N)
- O05 - Lieutenant Colonel/Commander
- O04 - Major/Lieutenant Commander
- O03 - Captain (A,F,M)/Lieutenant (N)
- O02 - First Lieutenant/Lieutenant Junior Grade
- O01 - Second Lieutenant/Ensign
- W05 - Chief Warrant Officer, W-5
- W04 - Chief Warrant Officer, W-4
- W03 - Chief Warrant Officer, W-3
- W02 - Chief Warrant Officer, W-2
- W01 - Warrant Officer, W-1
- C00 - Cadet/Midshipman
- E09 - Sergeant Major/Chief Master Sergeant/Master Chief Petty Officer
- E08 - Master Sergeant (A,M)/Senior Chief Petty Officer/Senior Master Sergeant/First Sergeant(A)
- E07 - Sergeant First Class/Gunnery Sergeant/Chief Petty Officer/ Master Sergeant (F)/Platoon Sergeant (A)/Specialist-7
- E06 - Staff Sergeant/Technical Sergeant/Petty Officer First Class/ Specialist-6
- E05 - Sergeant (A,M)/Staff Sergeant/Petty Officer Second Class/ Specialist-5
- E04 - Corporal/Sergeant (F)/Petty Officer Third Class/Specialist-4
- E03 - Private First Class (A)/Airman First Class/Lance Corporal/Seaman
- E02 - Private (PV1)/Airman/Private First Class (M)/Seaman Apprentice
- E01 - Private (PV2)/Private (M)/Airman Basic/Seaman Recruit

9. GRADE, CIVILIAN. Enter two letters and two numbers of Federal civilian employee rank (e.g., WG05, GS11, etc.). Letter entries will be WG, WL, WS, WN, WD or GS. Number entries will be 01 to 18. Enter "1111" if other (e.g., foreign national, contractor, etc.).

10. SERVICE DUTY OCCUPATION CODE. Enter code to which military member's duty occupation is assigned (e.g., MOS, SSI, NEC/Rating, NOBC or AFSC in which individual is actually working). Enter number code of civilian job series in which civilian member is actually working (e.g., for a carpenter enter "4607").

11. MAILING ADDRESS OF ASSIGNMENT. Enter installation name (and street address for Navy and Marines), unit, office symbol, and ZIP Code/APO/FPO/PAS of individual's current duty assignment.

12. LOCATION - PLACE OF WORK. Enter specific location where individual is routinely exposed to hazardous noise including building number (e.g., Corpus Christi, NAS, Building 1571, Carpenter Shop). For Air Force personnel, enter 12-digit Workplace Identifier Code per AFOSH Std. 161-17.

13. MAJOR COMMAND. Enter authorized abbreviation of military major command to which individual is assigned.

14. DUTY TELEPHONE. Enter individual's duty telephone number.

AUDIOMETRY:

15. REASON FOR CONDUCTING AUDIOGRAM. Enter number in box for reason to complete reference audiogram.

1 - Individual has not yet worked in hazardous noise duty areas and no reference audiogram has been accomplished.

2 - Individual has worked in hazardous noise duty areas but reference audiogram has been lost or was never accomplished.

3 - Individual has worked in hazardous noise duty areas and requires revised reference audiogram following completion of hearing conservation follow-up program.

16. AUDIOMETRIC DATA RE: ANSI S3.6 - 1989. Enter threshold levels determined for this individual at six frequencies in each ear. Results are entered in 5dB increments (e.g., 0, 5, 10, 15, etc.). If responses exceed maximum limits of audiometer, enter that limit with plus sign (e.g., 110+).

17. DATE OF AUDIOGRAM. Enter year, month, and day the audiometric test is given. (If January 14, 1999, enter 19990114.)

18. MEETS REFERRAL CRITERIA. Based on the audiometric test results, each DoD component should apply its own criteria.

19. MILITARY TIME OF DAY. Enter four digits for hour of day (24-hour clock) this audiogram is completed (e.g., "0830," "1400," etc.). This field is optional.

20. HOURS SINCE LAST NOISE EXPOSURE. Enter appropriate number of hours prior to this audiogram that individual was last exposed to hazardous noise (e.g., steady noise 85 dBA or greater and/or impulse noise above 140 dBp).

21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST. Enter "1" (NO) if individual has no ear, nose or throat problems at time of test that could be causing a temporary (conductive) hearing loss (e.g., ear canal blocked with ear wax, ear infection, head cold, etc.). Enter "2" (YES) if problem was present and "3" (UNKNOWN) if no way to determine presence of problem.

22. EXAMINER.

a. Name. Enter surname, given name and middle initial of individual operating audiometer.

b. Training Certification Number. Enter audiometric technician training certification number.

c. Service Duty Occupation Code. Enter examiner's service duty occupation code (see Item 10).

d. Office Symbol. Enter complete office symbol where examiner is performing the test.

23. AUDIOMETER.

a. Type. Enter number for type of audiometer used (e.g., "1" for manual type).

b. Model. Enter manufacturer's designation.

c. Manufacturer. Enter name of company that produced audiometer.

d. Serial Number. Enter manufacturer's serial number.

e. Last Electroacoustic Calibration Date. Enter year, month and day (see Item 16) of last electroacoustic determination of this audiometer's performance specifications.

24. PERSONAL HEARING PROTECTION.

a. Type Issued. Enter number for type of hearing protector that the individual was issued (e.g., "2" for triple flange, etc.; if "6 - OTHER," explain in Item 25, "Remarks").

b. Size Earplugs. Enter number for size of earplugs (single or triple flange) used for each ear (e.g., "4" for Large in right ear (R) and "3" for Medium or Regular in left ear (L)).

c. Double Protection Used. Enter "1" in box if earplugs are not routinely worn in combination with noise muffs or a noise-attenuating helmet. Enter "2" if they are routinely worn together.

d. Glasses Worn. Enter "1" in box if eye glasses or goggles are not routinely worn with noise muffs or noise-attenuating helmet.

e. Frequency Glasses Worn. Indicate frequency of use if "2" was entered in Item 24.d. If "1" was entered in 24.d., enter "3" - N/A.

25. REMARKS. Print explanations for any of above items marked "OTHER" and any information considered pertinent. Include the individual's 8-hour TWA noise exposure, when available.