

**Subject Information:**

Company:	Midwest Airline Control	In Program:	Yes
SSN:	218-56-6888	Status:	Active
Name:	Abner, Frank N.	Language:	English
Birth Date:	12/19/1968		
Sex:	M		
Comment:			

<b>AAO-HNS Medical Referral Criteria - 1996:</b>	<u>Examiner</u> <u>Date</u>	DPM 1/16/1999	DPM 1/12/2000	DPM 1/14/2001	DPM 2/28/2002
Have you recently experienced pain in either ear?		No	No	No	No
Have you recently experienced a draining ear?		No	No	No	Right
Have you recently experienced dizziness?		No	No	No	No
Have you recently experienced severe tinnitus (ringing)?		No	No	No	No
Have you recently experienced sudden hearing loss?		No	No	No	No
Have you recently experienced fluctuating hearing loss?		No	No	No	No
Have you recently experienced ear fullness or discomfort?		No	No	No	No
Have you recently had problems wearing hearing protection?		No	No	No	No

**Examiner Only:**

(Examiner only) Subject has visible wax or object in ear.		No	No	No	No
(Examiner only) Subject should be referred.					

**Medical History:**

Have you ever served in the military?		No	No	No	No
Have you ever been to a doctor for an ear-related problem?		No	No	Both	Both
Have you ever had a severe head injury?		No	No	No	No
Have you ever had ear surgery?		No	No	No	No
Have you ever had an ear injury?		No	No	No	No
Have you ever had measles?		No	No	No	No
Have you ever had mumps?		No	No	No	No
Have you ever had kidney disease?		No	No	No	No
Have you ever had scarlet fever?		No	No	No	No
Have you ever had meningitis?		No	No	No	No
Do you have diabetes?		No	No	No	No
Do you have high blood pressure?		No	Yes	Yes	Yes
Do you have an existing hearing problem?		No	No	No	No
Do you have frequent ear infections?		No	No	No	No
Do you shoot guns or hunt?		No	No	No	No
Do you wear a hearing aid?		No	No	No	No
Do you participate in loud activities (music, motorcycle)?		No	No	No	No
Do you currently use prescription or over the counter drugs?		No	No	No	No
Are you currently suffering from allergies?		No	No	No	No
Does any of your immediate family have hearing problems?		Yes	Yes	Yes	Yes

**2/28/2002 Comment:**


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 Examiner \_\_\_\_\_ Date \_\_\_\_\_

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 Subject \_\_\_\_\_ Date \_\_\_\_\_