



Founded in 1924

# International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

## OFFICIAL AUDIOGRAM DATA SHEET

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Frederick, Maryland 21701  
UNITED STATES  
Fax: +1 301 620 2990  
Email: controls@ciss.org

\*Required Fields

PLEASE PRINT OR USE TYPEWRITER and send to your National Deaf Sports Federation for review

\*Name: \_\_\_\_\_  
 Family Name (Last Name)                      Given Name (First Name)                      Other Names (Middle Name)

\*Nation: \_\_\_\_\_                      \*Sport: \_\_\_\_\_

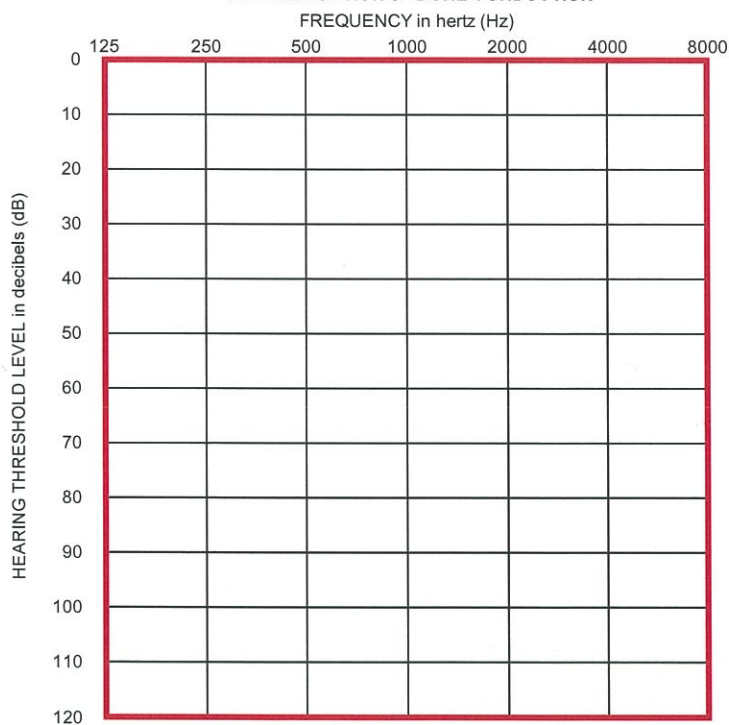
\*Date of Birth: \_\_\_\_\_                      \*Gender:  Male  Female  
 (day / month / year)

### AUDIOGRAM

\*Audiometer: \_\_\_\_\_                      \*Examiner Name: \_\_\_\_\_

\*Calibration:  ANSI 1969     ISO 1964                      \*Date of Examination: \_\_\_\_\_  
 Other: \_\_\_\_\_                      (day / month / year)

#### \*AIR CONDUCTION & \*BONE CONDUCTION



*IMPEDANCE TYMPANOMETRY				
Ear	Canal Vol.	Peak Comp.	Gradient	Pres. Peak
RIGHT				
LEFT				

*REFLEXOMETRY					
Side Equals Probe Ear					
RIGHT	Stim	500	1000	2000	4000
	Ipsi				
	Contra				
LEFT	Stim	500	1000	2000	4000
	Ipsi				
	Contra				

KEY TO SYMBOLS				
Ear	Air	Air-masked	Bone	Bone-masked
RIGHT (red)	O	△	<	[
LEFT (blue)	X	□	>	]
No Response			NR	

PURE TONE AVERAGE (500-1000-2000 Hz)		
Ear	Air	Bone
RIGHT		
LEFT		

TYPE OF HEARING LOSS (Check one for each ear with an "X")				
Ear	Sensori-neural	Conductive	Mixed	Cochlear Implant
RIGHT				
LEFT				

ICSD HOME OFFICE USE ONLY	
ID:	_____
Data Entered By:	_____
ICSD Audiologist:	_____

COMMENTS: \_\_\_\_\_  
 (In English) \_\_\_\_\_

Audiogram Form  
Revised: 3/2010

www.deaflympics.com/forms/audiogram.pdf