



Founded in 1924

International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

OFFICIAL AUDIOGRAM DATA SHEET

528 Trail Avenue
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:

(day / month / year)

*Which event?

☐ Regional Championships

☐ World Championships

☐ Deaflympics

*Gender:

☐ Male

☐ Female

AUDIOGRAM

*Audiometer:

*Examiner Name:

*Calibration:

☐ ANSI 1969

☐ ISO 1964

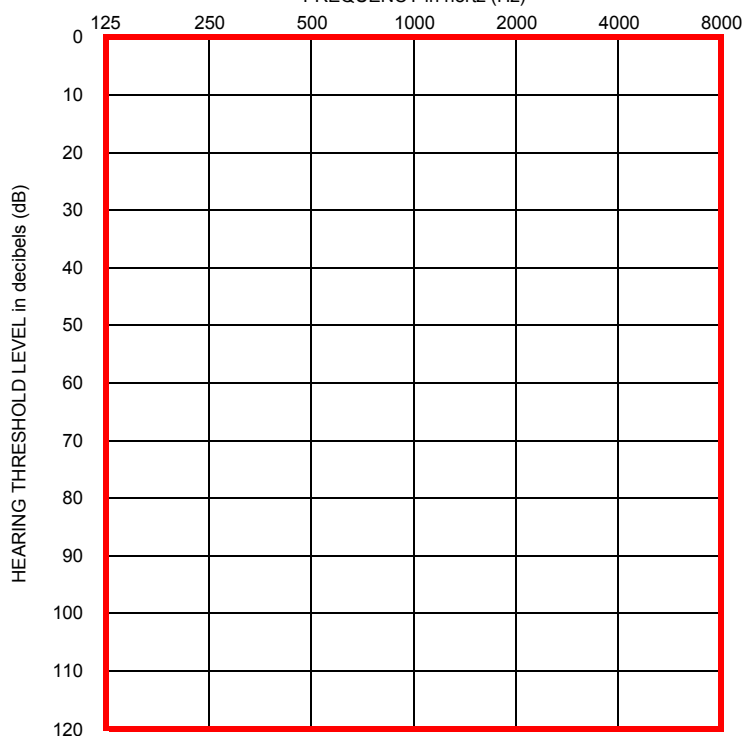
☐ Other:

*Date of Examination:

(day / month / year)

*AIR CONDUCTION & *BONE CONDUCTION

FREQUENCY in hertz (Hz)



*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					

PURE TONE AVERAGE

(500-1000-2000 Hz)

Ear	Air	Bone
RIGHT		
LEFT		

KEY TO SYMBOLS

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

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: 6 / 2011

www.deaflympics.com/forms/audiogram.pdf

* This field is required and audiogram form must be completed three (3) months before the event.

