



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: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\*Gender: ☐ Male ☐ Female

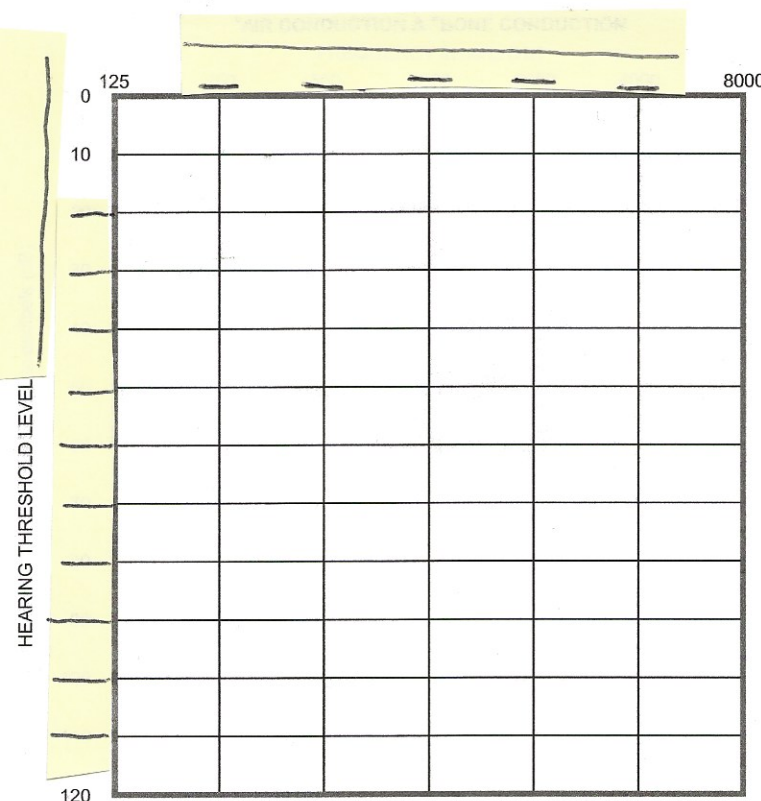
## AUDIOGRAM

\*Audiometer: C1387

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

\*Calibration: ☐ ANSI 1969 ☒ ISO 1964  
☐ Other: \_\_\_\_\_

\*Date of Examination: \_\_\_\_\_  
(day / month / year)



*IMPEDANCE TYMPANOMETRY				
Ear	Canal Vol.	Peak Comp.	Gradient	Pres. Peak
RIGHT	Did not			
LEFT	test			

*REFLEXOMETRY					
Side Equals Probe Ear					
RIGHT	Stim	500	1000	2000	4000
Ipsi	Did not				
Contra	test				
LEFT	Stim	500	1000	2000	4000
Ipsi	↓				
Contra					

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

KEY TO SYMBOLS				
Ear	Air	Air-masked	Bone	Bone-masked
	O	△	<	[
	X	□	>	]
	No Response		NR	

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

### 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.