



**International Committee of Sports for the Deaf**  
*Recognized by the International Olympic Committee*

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 Frederick, Maryland 21701  
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**OFFICIAL AUDIOGRAM DATA SHEET**

Founded in 1924

\*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: \_\_\_\_\_

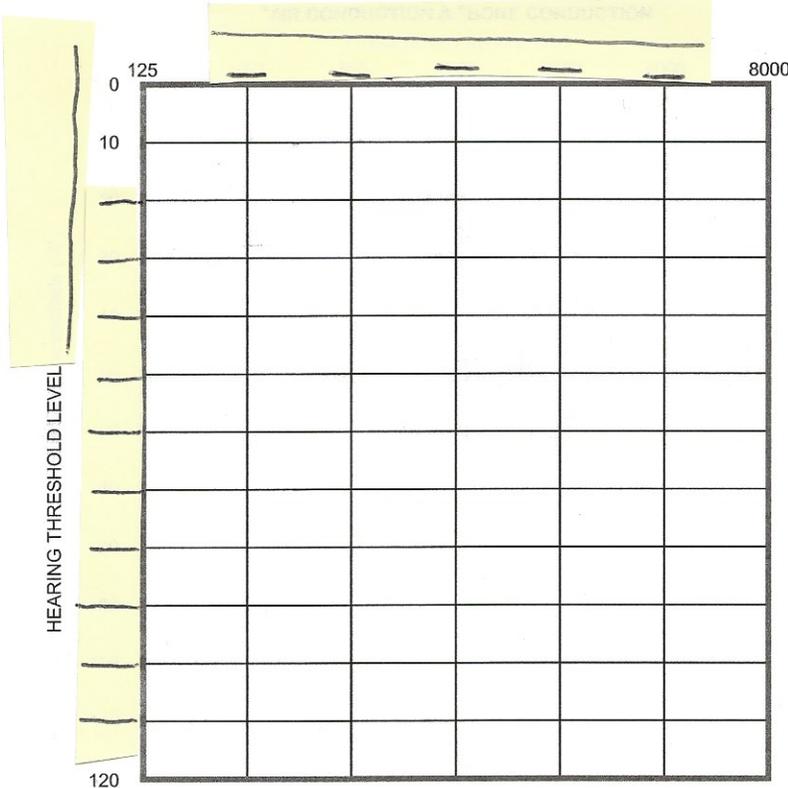
\*Date of Birth: \_\_\_\_\_  
 (day / month / year)

\*Gender:  Male  Female

**AUDIOGRAM**

\*Audiometer: C1387      \*Examiner Name: \_\_\_\_\_

\*Calibration:  ANSI 1969  ISO 1964      \*Date of Examination: \_\_\_\_\_  
 Other: \_\_\_\_\_ (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](http://www.deaflympics.com/forms/audiogram.pdf)

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