



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
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Email: info@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)

***Gender:**

Male Female

AUDIOGRAM

***Audiometer:**

***Examiner Name:**

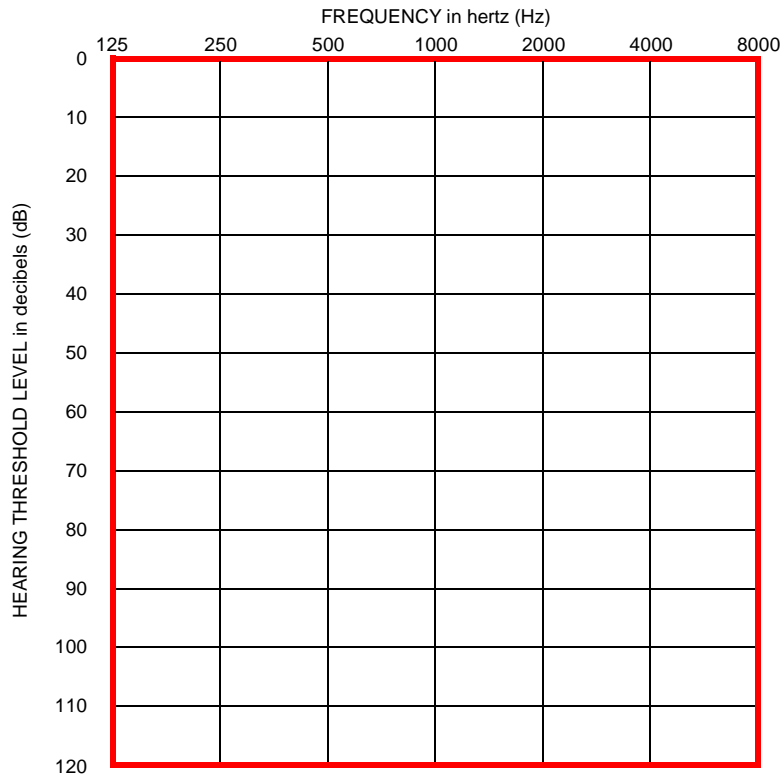
***Calibration:**

ANSI 1969 ISO 1964
 Other: _____

***Date of Examination:**

_____ (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				

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: 7/2008