



Founded in 1924

International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

OFFICIAL AUDIOGRAM DATA SHEET

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UNITED STATES
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***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

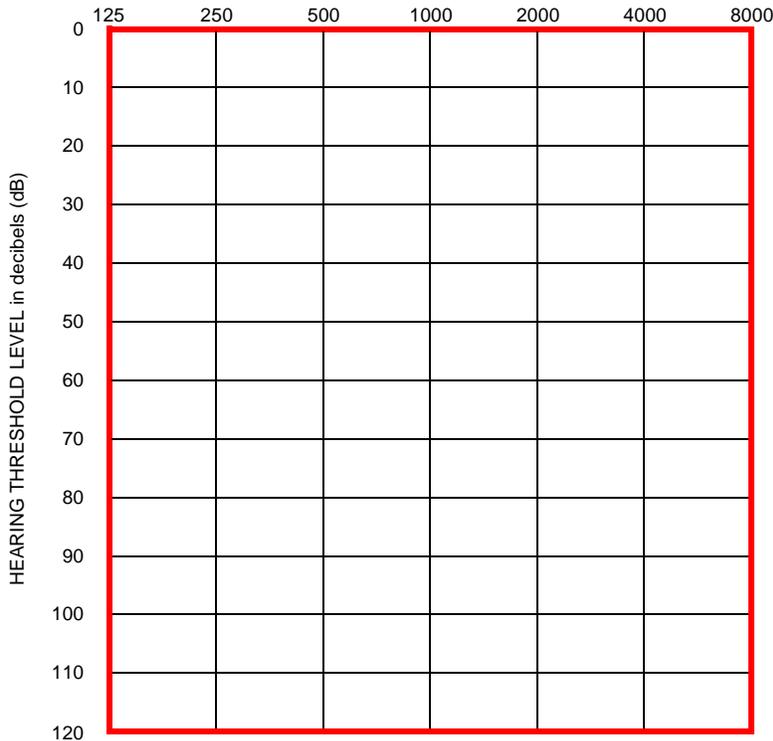
***Date of Examination:**

(day / month / year)

Other: _____

***AIR CONDUCTION & *BONE CONDUCTION**

FREQUENCY in hertz (Hz)



HEARING THRESHOLD LEVEL in decibels (dB)

***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: 3/2010