



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  
 Fax: +1 301 620 2990  
 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)

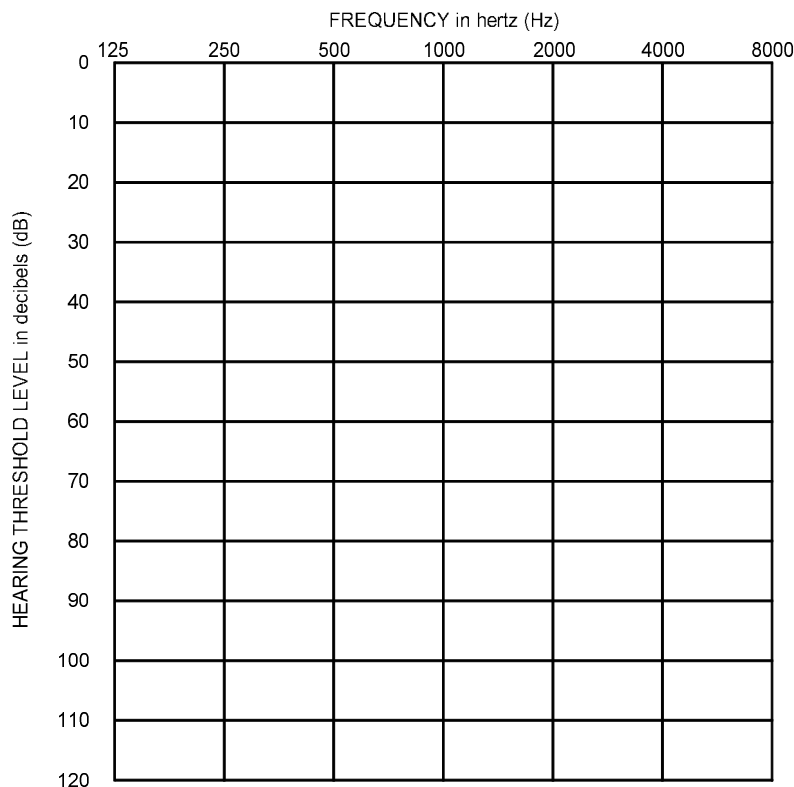
**\*Gender:**  Male  Female                      **\*Audiometer:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_                      **\*Calibration:**  ANSI 1969  ISO 1964  
 (day / month / year)                       Other: \_\_\_\_\_

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

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

**AUDIOGRAM** (\*Air Conduction & \*Bone Conduction)



*IMPEDANCE TYMPANOMETRY				
Ear	Canal Vol.	Peak Comp.	Static Comp.	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)	○	△	<	[
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				

HOME OFFICE USE ONLY	
ID:	_____
Data Entered By:	_____
ICSD Audiologist:	_____

**COMMENTS:** \_\_\_\_\_  
 (In English) \_\_\_\_\_

Audiogram Form  
 Revised: 12/2007