



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

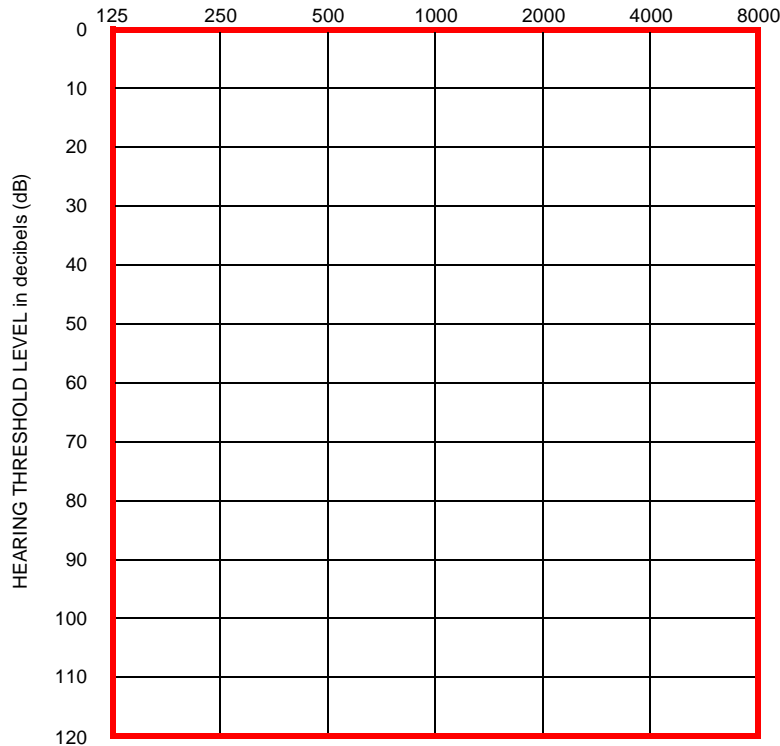
Other: _____

***Date of Examination:**

(day / month / year)

*AIR CONDUCTION & *BONE CONDUCTION

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: 7/2008