



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)

**\*Nation:**

\_\_\_\_\_

**\*Sport:**

\_\_\_\_\_

**\*Date of Birth:**

\_\_\_\_\_ (day / month / year)

**\*Gender:**

Male     Female

**AUDIOGRAM**

**\*Audiometer:**

\_\_\_\_\_

**\*Examiner Name:**

\_\_\_\_\_

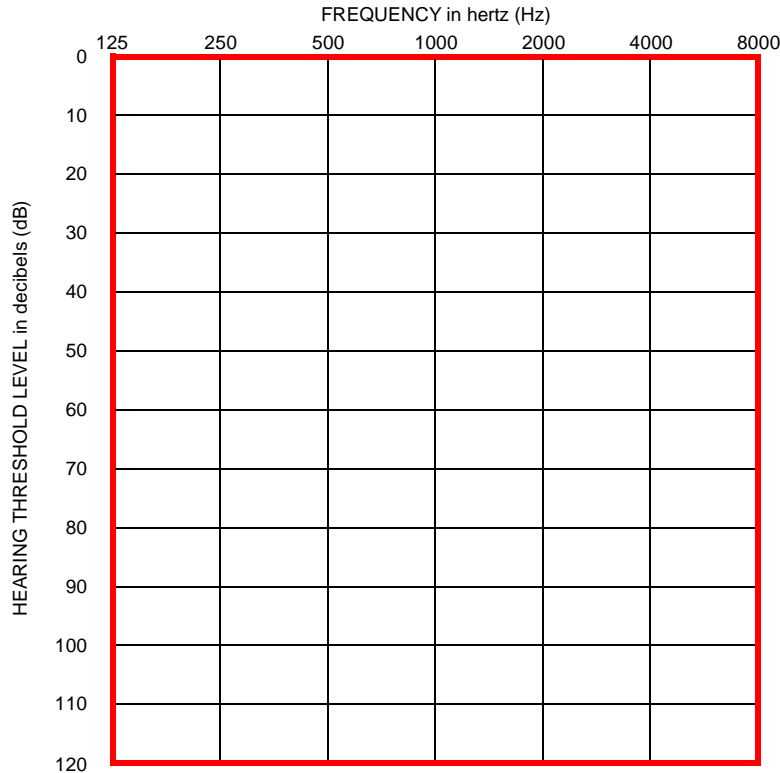
**\*Calibration:**

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