

International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

528 Trail Avenue Frederick, Maryland 21701 UNITED STATES Fax: +1 301 620 2990

OFFICIAL AUDIOGRAM DATA SHEET Email: controls@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) *Sport: *Nation: *Which event? Regional Championships *Date of Birth: World Championships (day / month / year) *Gender: Male Female Deaflympics **AUDIOGRAM** *Examiner Name: *Audiometer: *Date of Examination: *Calibration: ANSI 1969 ISO 1964 (day / month / year) Other: *AIR CONDUCTION & *BONE CONDUCTION FREQUENCY in hertz (Hz) 0 125 500 1000 4000 250 8000 *IMPEDANCE TYMPANOMETRY Canal Peak Pres. 10 Comp. 20 RIGHT HEARING THRESHOLD LEVEL in decibels (dB) 30 **LEFT** 40 *REFLEXOMETRY Side Equals Probe Ear 50 RIGHT Stim 500 1000 2000 4000 60 Ipsi 70 Contra LEFT 1000 2000 4000 80 Ipsi 90 Contra 100 110 PURE TONE AVERAGE (500-1000-2000 Hz) 120 Ear Bone **KEY TO SYMBOLS** RIGHT Bone Far Air Air-masked Bone-masked RIGHT (red) LEFT LEFT (blue) No Response ICSD HOME OFFICE USE ONLY **TYPE OF HEARING LOSS** (Check one for each ear with an "X") Data Entered By: Conductive Cochlear Implant ICSD Audiologist: **RIGHT** LEFT

COMMENTS: Audiogram Form (In English) Revised: 6 / 2011 Notes for the audiologist:

Thank you for using the ICSD audiogram form. Our athletes need to complete this form fully to receive an Identification number to participate in upcoming Championship or Deaflympics events.

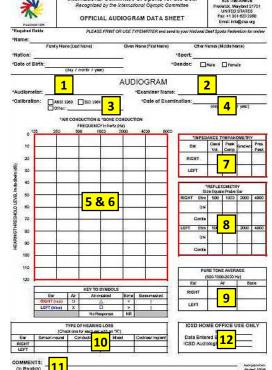
In compliance with ICSD audiogram regulations, here is a guideline for you to complete the ICSD audiogram form, as listed below:

- **1.** Official ICSD Audiogram form must be used. The form can be downloaded from www.deaflympics.com/forms/audiogram.pdf
- 2. All four (4) types of audiogram testing below must be filled out entirely for EACH ear including:
 - 1. Air Conduction

-Please test on 500, 1000, and 2000Hz.

2. Bone Conduction

- -Please test on 500, 1000, and 2000Hz.
- 3. **Tympanograms** (Tympanometry)
- -Please write numbers
- 4. Acoustic Reflexes (Reflexometry)
- -Please write numbers or NR if there are no responses. Do **not** use dash mark (-) or zero (0).
- **3.** Below yellow box with numbers indicates required fields for you to enter:
 - 1. Audiometer Identify the name of the audiometer.
 - 2. **Examiner Name** Name of the audiologist who performs the test.
 - 3. Calibration Indicate the name of the calibration used.
 - 4. Date of Examination Enter examination date.
 - Air Conduction Record air testing results. See 2.1 above. If there are no responses in Air Conduction, please write NR as noted in "Key to Symbols".
 - 6. **Bone Conduction** Record bone testing results. See 2.2 above. If there are no responses in Bone Conduction, please write NR as noted in "Key to Symbols".
 - 7. **Tympanometry** Record Tympanometry test results. See 2.3 above.
 - 8. **Reflexometry** Record Reflexometry test results. See 2.4 above.
 - 9. **Pure Tone Average** Add 500, 1000, 2000Hz and divided by three (3) for both air and bone testing results.
 - 10. Type of Hearing Loss Identify the type of hearing loss by placing 'X' accordingly as shown on the form for respective ear.
 - 11. Comments Please write comments as needed about this athlete. If there are no Tympanogram or reflex equipments to test, please write comments in English.
 - 12. This is for ICSD official uses only, do not write.



Failure to observe the requirements will result in delayed approval.