International Committee of Sports for the Deaf
Recognized by the International Olympic Committee
OFFICIAL AUDIOGRAM DATA SHEET

528 Trail Avenue Frederick, Maryland 21701 UNITED STATES
Fax: +1 3016202990 Email: controls@ciss.org
*Required Fields
*Name: $\qquad$ Other Names (Middle Name)
*Nation: $\qquad$ Given Name (First Name)

## *Date of Birth:

$\qquad$
*Sport: $\qquad$
*Which event? $\qquad$
*Gender: $\square_{\text {Male }} \square_{\text {Female }}$

## AUDIOGRAM

## *Audiometer:

$\qquad$ *Examiner Name: $\qquad$ *Calibration: $\qquad$
$\qquad$
$\square$ World Championships
$\square$ Deaflympics
*Date of Examination: $\qquad$
*AIR CONDUCTION \& *BONE CONDUCTION


| *IMPEDANCE TYMPANOMETRY |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Ear | Canal <br> Vol. | Peak <br> Comp. | Gradient | Pres. <br> Peak |
| RIGHT |  |  |  |  |
| LEFT |  |  |  |  |


| *REFLEXOMETRY Side Equals Probe Ear |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| RIGHT | Stim | 500 | 1000 | 2000 | 4000 |
|  | Ipsi |  |  |  |  |
|  | Contra |  |  |  |  |
| LEFT | Stim | 500 | 1000 | 2000 | 4000 |
|  | Ipsi |  |  |  |  |
|  | Contra |  |  |  |  |


| KEY TO SYMBOLS |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Ear | Air | Air-masked | Bone | Bone-masked |  |  |  |
| RIGHT (red) | 0 | $\triangle$ | $<$ | $[$ |  |  |  |
| LEFT (blue) | X | $\square$ | $>$ | $]$ |  |  |  |
| No Response |  |  |  |  |  | NR |  |


| PURE TONE AVERAGE <br> (500-1000-2000 Hz) |  |  |
| :---: | :---: | :---: |
| Ear | Air | Bone |
| RIGHT |  |  |
| LEFT |  |  |


| TYPE OF HEARING LOSS <br> (Check one for each ear with an "X") |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Ear | Sensori-neural | Conductive | Mixed | Cochlear Implant |
| RIGHT |  |  |  |  |
| LEFT |  |  |  |  |

ICSD HOME OFFICE USE ONLY
ID: $\qquad$
Data Entered By: $\qquad$
ICSD Audiologist: $\qquad$

COMMENTS: $\qquad$

* This field is required and audiogram form must be completed three (3) months before the event.

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:
3. Air Conduction
4. Bone Conduction
5. Tympanograms (Tympanometry)
6. Acoustic Reflexes (Reflexometry)
-Please test on 500, 1000, and 2000 Hz .
-Please test on 500, 1000, and 2000 Hz .
-Please write numbers
-Please write numbers or NR if there are no responses. Do not use dash mark (-) or zero (0).
7. Below yellow box with numbers indicates required fields for you to enter:
8. Audiometer - Identify the name of the audiometer.
9. Examiner Name - Name of the audiologist who performs the test.
10. Calibration - Indicate the name of the calibration used.
11. Date of Examination - Enter examination date.
12. 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".
13. 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".
14. Tympanometry - Record Tympanometry test results. See 2.3 above.
15. Reflexometry - Record Reflexometry test results. See 2.4 above.
16. Pure Tone Average - Add 500, 1000, 2000 Hz and divided by three (3) for both air and bone testing results.
17. 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.
18. This is for ICSD official uses only, do not write.


Failure to observe the requirements will result in delayed approval.

Thank you in advance for your cooperation,
ICSD Staff

