



Founded in 1924

International Committee of Sports for the Deaf  
Recognized by the International Olympic Committee

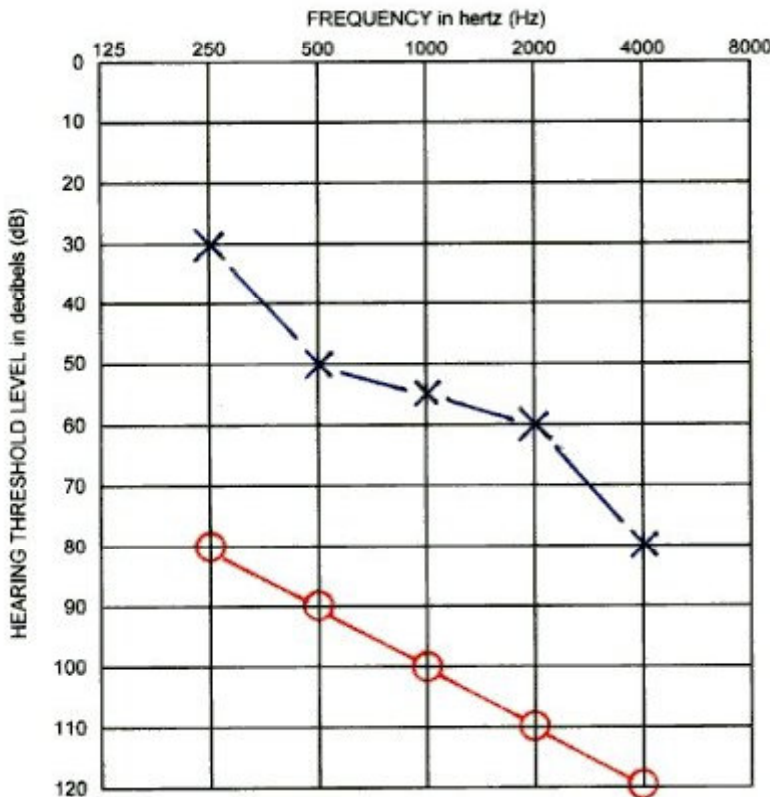
OFFICIAL AUDIOGRAM DATA SHEET

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PLEASE PRINT OR USE TYPEWRITER and send to ICSD Secretariat (address as per above)

Name: BORDERLINE BETTY \_\_\_\_\_  
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



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
RIGHT			
LEFT			

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	100	
LEFT	55	

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

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