



Founded in 1924

**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: +1 301 620 2990  
Email: info@ciss.org

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

Name: DEAF DORIS  
Family Name (Last Name) Given Name (First Name) Other Names (Middle Name)

Gender:  Male  Female

Audiometer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(day / month / year)

Calibration:  ANSI 1969  ISO 1964  
 Other: \_\_\_\_\_

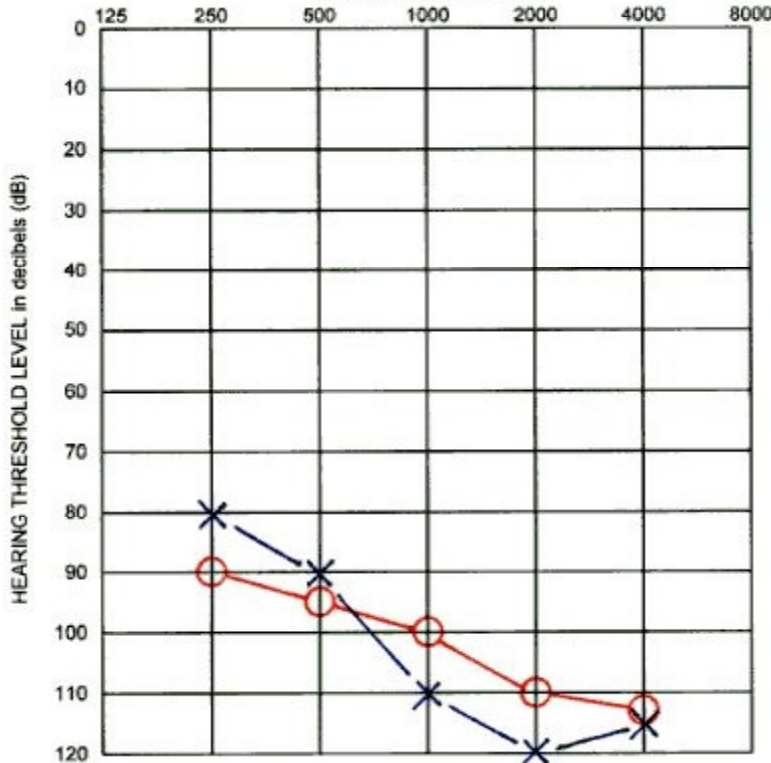
Nation: \_\_\_\_\_

Date of Examination: \_\_\_\_\_  
(day / month / year)

Examiner Name: \_\_\_\_\_

**AUDIOGRAM**

FREQUENCY in hertz (Hz)



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	102	
LEFT	107	

KEY TO SYMBOLS				
Ear	Air	Air-masked	Bone	Bone-masked
RIGHT (red)	○	△	<	]
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			

HOME OFFICE USE ONLY	
ID:	_____
Data Entered By:	_____
ICSD Audiologist:	_____

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