



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: HEARING HOLLY  
Family Name (Last Name) Given Name (First Name) Other Names (Middle Name)

Gender:  Male  Female

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

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

Calibration:  ANST 1969  ISO 1964

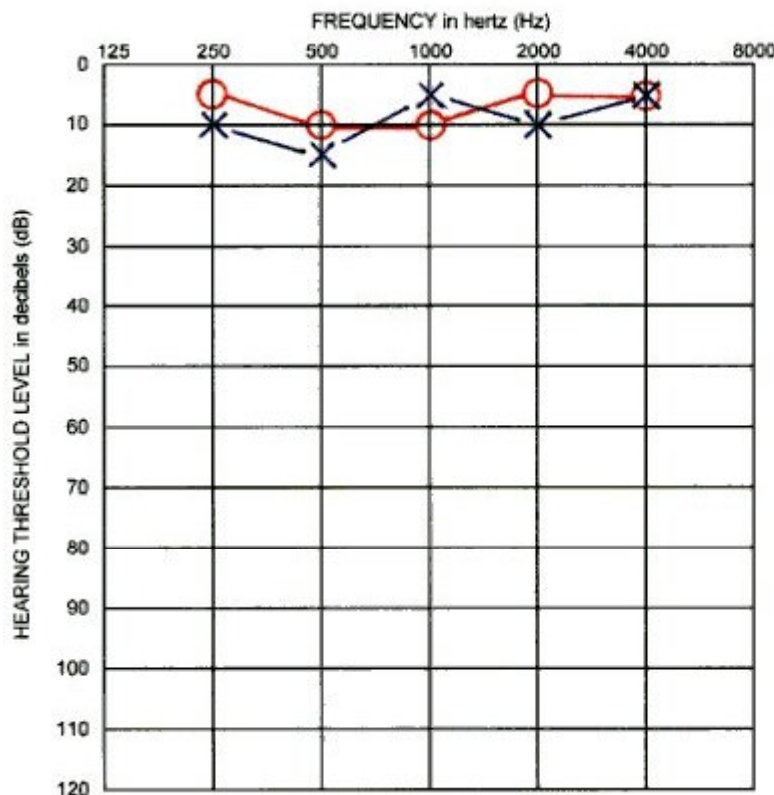
Other: \_\_\_\_\_

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

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

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

### AUDIOGRAM



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	8	
LEFT	10	

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) \_\_\_\_\_