



International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

OFFICIAL AUDIOGRAM DATA SHEET

*Required Fields

*Name: _____
Family Name (Last Name) Given Name (First Name) Other Names (Middle Name)

*Date of Birth: _____ *Gender: Male Female *Nation: **SVK**
(day / month / year)

*Sport: _____ *Event: _____

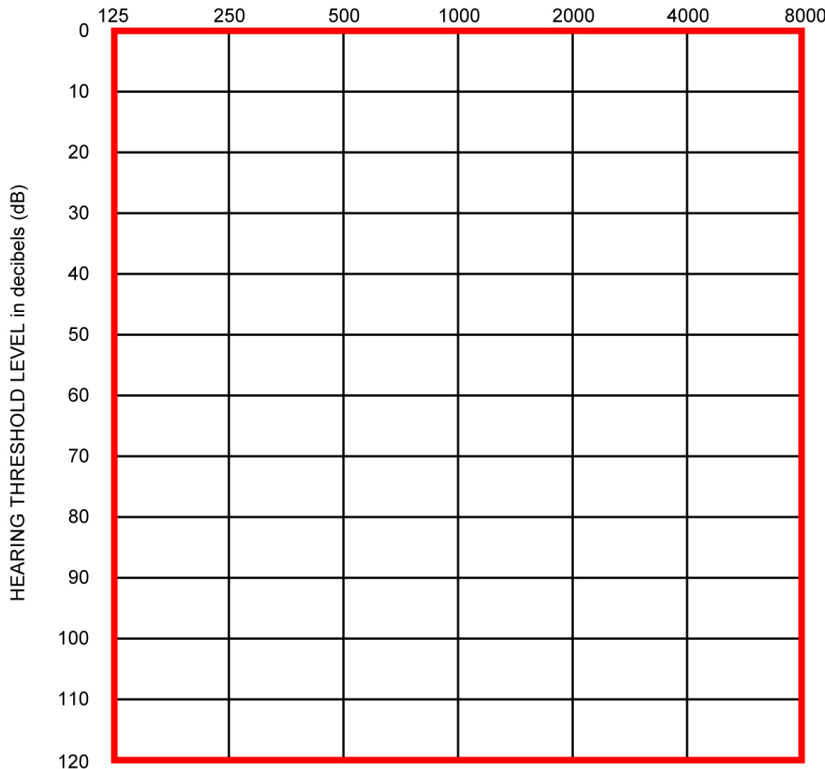
Below is complete by audiologist only

*Audiometer: _____ *Examiner Name: _____

*Calibration: ANSI 1969 ISO 1964 Other: _____ *Date of Examination: _____
(day / month / year)

*AIR CONDUCTION & *BONE CONDUCTION

FREQUENCY in hertz (Hz)



HEARING THRESHOLD LEVEL in decibels (dB)

*IMPEDANCE TYMPANOMETRY				
Ear	Canal Vol.	Peak Comp.	Gradient	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				

KEY TO SYMBOLS				
Ear	Air	Air-masked	Bone	Bone-masked
RIGHT (red)	○	△	<	[
LEFT (blue)	X	□	>]
No Response			NR	

PURE TONE AVERAGE		
(500-1000-2000 Hz)		
Ear	Air	Bone
RIGHT		
LEFT		

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

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

COMMENTS: _____
(In English) _____

This form must be completed three (3) months before the event.
Send this audiogram form to your National Deaf Sports Federation for review.