



OFFICIAL AUDIOGRAM DATA SHEET

528 Trall Avenue  
Frederick, Maryland 21701  
UNITED STATES  
Fax: +1 301 620 2990  
Email: [controls@clss.org](mailto:controls@clss.org)

## OFFICIAL AUDIOGRAM DATA SHEET

**\*Required Fields**

PLEASE PRINT OR USE TYPEWRITER and send to your National Deaf Sports Federation for review

Family Name (Last Name)

Given Name (First Name)

Other Names (Middle Name)

\*Sport: \_\_\_\_\_

(day / month / year)

**\*Which event?** ☐ Regional Championships  
☐ World Championships  
☐ Deaflympics

\*Gender: ☐ Male ☐ Female

## AUDIOGRAM

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

\*Calibration: ☐ ANSI 1969 ☐ ISO 1964  
☐ Other:

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

## \*AIR CONDUCTION &amp; \*BONE CONDUCTION

FREQUENCY 1 Hz (Hz)

The graph is a standard audiogram template. The horizontal axis (top) represents frequency in Hertz (Hz) on a logarithmic scale, with major grid lines at 125, 250, 500, 1000, 2000, 4000, and 8000. The vertical axis (left) represents the hearing threshold level in decibels (dB), with major grid lines every 10 units from 0 to 120. The graph area is a grid of 12 columns and 13 rows.

## \*IMPEDANCE TYMPANOMETRY

Ear	Canal Vol.	Peak Comp.	Gradient	Pres. Peak
RIGHT				
LEFT				

## \*REFLEXOMETRY

### Side Equals Probe Ear

RIGHT	Sum	500	1000	2000	4000
ipsi					
Contra					
LEFT	Sum	500	1000	2000	4000
ipsi					
Contra					

### PURE TONE AVERAGE

(500-1000-2000 Hz)

Ear	Air	Bone
RIGHT		
LEFT		

### KEY TO SYMBOLS

Ear	Air	Air-masked	Bone	Bone-masked
		No Response	NR	

## 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)

Augustine Furo  
August 8, 2017

www.industrydocuments.ucsf.edu/docs/000000

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](http://www.deaflympics.com/forms/audiogram.pdf)
2. All four (4) types of audiogram testing below must be filled out entirely for **EACH** ear including:
  1. **Air Conduction** -Please test on 500, 1000, and 2000Hz.
  2. **Bone Conduction** -Please test on 500, 1000, and 2000Hz.
  3. **Tympanograms** (Tympanometry) -Please write numbers
  4. **Acoustic Reflexes** (Reflexometry) -Please write numbers or NR if there are no responses. Do **not** use dash mark (-) or zero (0).
3. Below yellow box with numbers indicates required fields for you to enter:

1. **Audiometer** - Identify the name of the audiometer.
2. **Examiner Name** - Name of the audiologist who performs the test.
3. **Calibration** - Indicate the name of the calibration used.
4. **Date of Examination** - Enter examination date.
5. **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".
6. **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".
7. **Tympanometry** - Record Tympanometry test results. See 2.3 above.
8. **Reflexometry** - Record Reflexometry test results. See 2.4 above.
9. **Pure Tone Average** - Add 500, 1000, 2000Hz and divided by three (3) for both air and bone testing results.
10. **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.
12. This is for ICSD official uses only, do not write.

The form is titled "Official Audiogram Data Sheet" and includes contact information for the International Committee of Sports for the Deaf. It contains several sections: personal information, examination details, a large grid for recording air and bone conduction results, tympanometry and reflexometry results, a key to symbols, a type of hearing loss section, and a comments section. Numbered callouts (1-12) are placed on the form to indicate required fields: 1. Audiometer name, 2. Examiner name, 3. Calibration, 4. Date of examination, 5 & 6. Air and bone conduction results grid, 7. Tympanometry results, 8. Reflexometry results, 9. Pure tone average, 10. Type of hearing loss, 11. Comments, and 12. ICSD Home Office use only section.

**Failure to observe the requirements will result in delayed approval.**

Thank you in advance for your cooperation,  
ICSD Staff

As of: May 2011