



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 fields for Name, Date of Birth, and Gender. It contains a large grid for recording hearing levels in dB HL across frequencies of 250, 500, 1000, 2000, and 4000 Hz. There are also sections for Tympanometry, Reflexometry, and Pure Tone Average. A "KEY TO SYMBOLS" table and a "TYPE OF HEARING LOSS" table are included. A "COMMENTS" field is at the bottom left, and a "ICSD HOME OFFICE USE ONLY" section is at the bottom right.

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

Thank you in advance for your cooperation,  
ICSD Staff