



International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

OFFICIAL AUDIOGRAM DATA SHEET

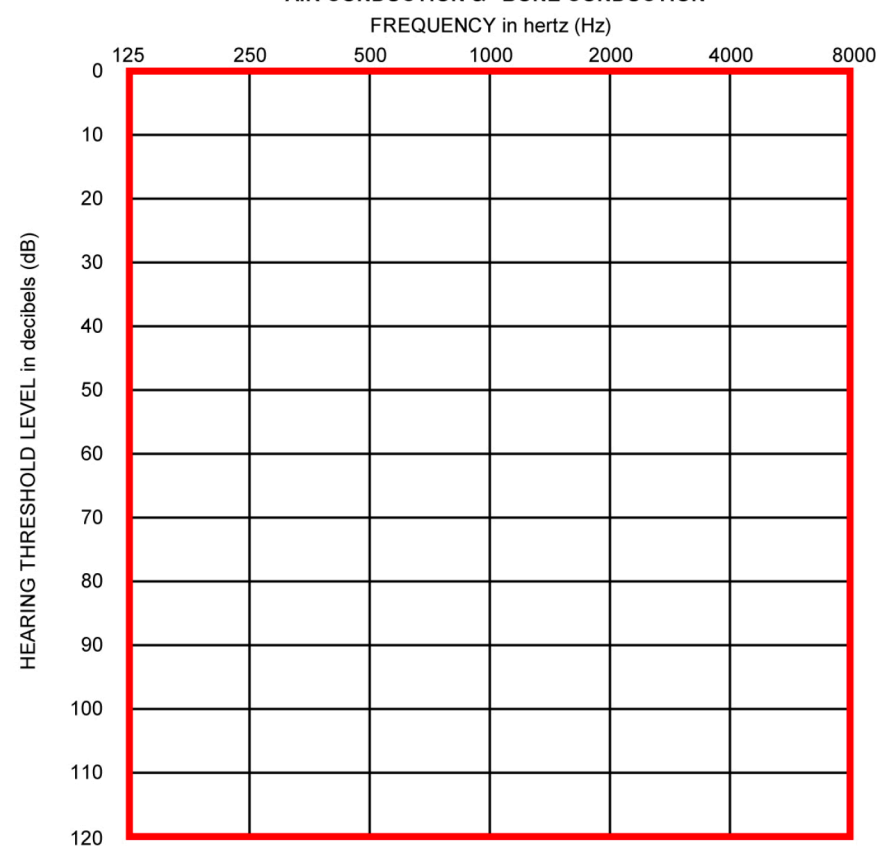
*Required Fields

*Name: _____
Family Name (Last Name) Given Name (First Name) Other Names (Middle Name)
*Date of Birth: _____ (day / month / year) *Gender: ☐ Male ☐ Female *Nation: FRA
*Sport: Swimming *Event: _____

Below is complete by audiologist only

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

*AIR CONDUCTION & *BONE CONDUCTION



*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)	O	△	<	[
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.