DEAF DARTS ORGANISATION

OFFICIAL AUDIOGRAM DATA SHEET

*Required Fields

***Name:** _____ ***Family name:** _____

***Date of Birth:** ____ / ____ / ____ ***Nation:** _____ ***Gender:** ☐ Male ☐ Female

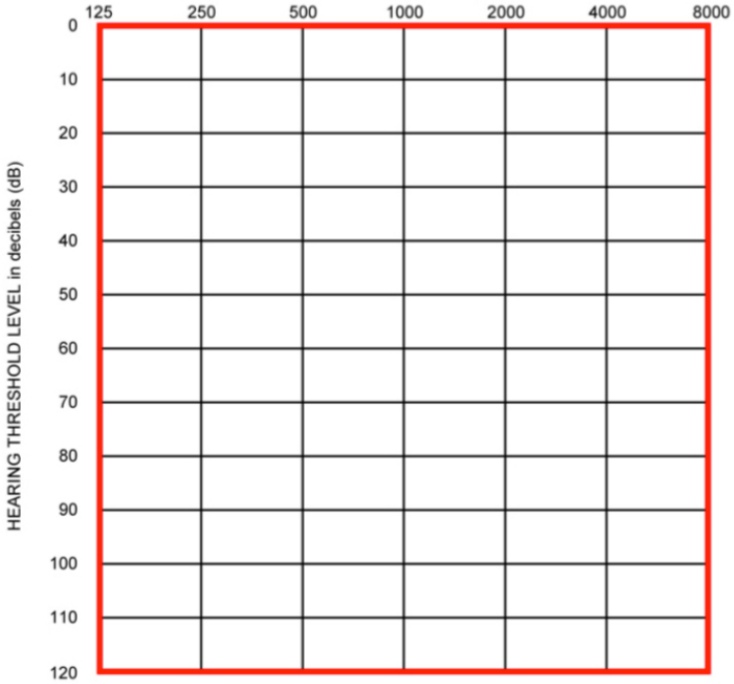
***Sport:** _____ ***Event:** _____

Below is completed by audiologist only

***Audiometer:** _____ ***Examiner Name:** _____

***Calibration:** ☐ ANSI 1969 ☐ ISO 1964 ☐ Other: _____ ***Date of Examination:** ____ / ____ / ____

***AIR CONDUCTION & *BONE CONDUCTION**



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

***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				

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: _____

This form must be completed three (3) months before the event.
Send this audiogram form to info@deafdarts.org