



OFFICIAL AUDIOGRAM RESULT SHEET

DIBF act in accordance with CISS (Comite International des Sports des Sourds) - General Rules and Regulation ('Eligibility'), thus requires standard hearing loss test.

PLEASE PRINT OR USE TYPEWRITER

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

Sex: **Man** **Woman**

Birthdate: _____
(Day/Month/Year)

Nation: _____

Date of Examination: _____
(Day/Month/Year)

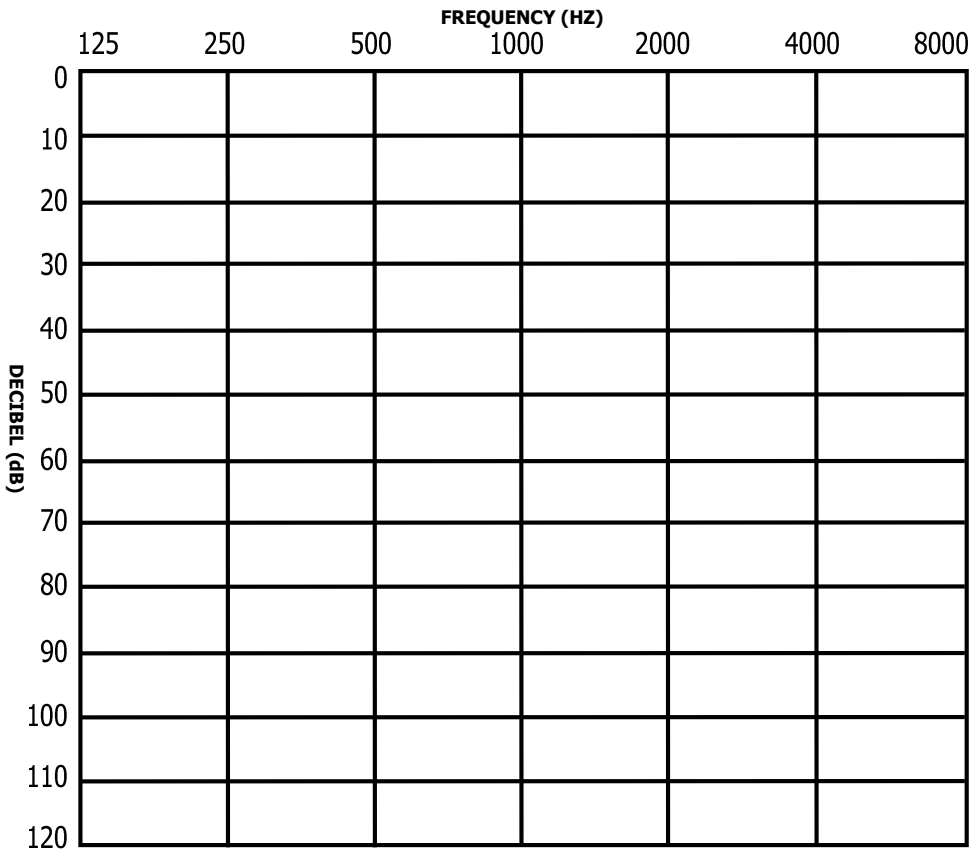
Examiner: _____

Audiometer Name: _____

Calibration: _____

Ansi 1969 **ISO 1964**

Other: _____



IMPEDANCE

	Type	Init. Cav.	Peak Comp.	Static Comp.	Map
Right					
Left					

REFLEXOMETRY

Right	500	1000	2000	4000
Ipsi				
Contra				
Left	500	1000	2000	4000
Ipsi				
Contra				

	PURE TONE AVERAGE (500 - 1000 - 2000 Hz)	
	Air	Bone
Right		
Left		

KEY TO SYMBOLS

Ear	Air	Air-masked	Bone	Bone-masked	AB Words	SSI Test
Right (red)	O	o	<	[o	△
Left (blue)	X	x	>]	x	□
Soundfield	S	No response (NR)	?			

COMMENTS: _____
