



UK Deaf Sport
 c/o Kings Chartered Accountants,
 Unit 4 Grovelands, Boundary Way,
 Hemel Hempstead, HP2 7TE
admin@ukds.org.uk | www.ukdeafsport.org.uk
 Company No: 8611744 | Charity No: 1158878

May 2023

To whom it concerns,

This athlete is being considered for selection at a National, European, or International Deaf sports event in their field.

To verify their eligibility as a Deaf sportsperson, the ICSD (International Committee of Sports for the Deaf) require evidence that this athlete meets the minimum criteria of at least 55dB pure tone average (PTA) in the better ear (three-tone pure tone average at 500, 1000 and 2000 Hertz, air conduction, ISO 1969 Standard). We would be very grateful if you could take the time to complete the Audiogram Form, in full. All four types of audiogram testing must be filled out entirely for each ear.

1. Air Conduction

- * 250 Hz – 8 kHz

2. Bone Conduction

- * 500Hz, 1 kHz, 2 kHz and 4 kHz

3. Tympanograms (Tympanometry)

- * Volume
- * Pressure
- * Compliance

4. Acoustic Reflexes (Reflexometry)

- * Ipsilateral

ICSD can only issue eligibility based on the information provided to them, and if the form is incomplete it is rejected. Where a test is not possible for the athlete please put 'N/A' in the appropriate box and explain the reason in the comments box at the bottom.

Audiograms must be less than 1 year old when submitted to ICSD.

Thank you for taking the time to complete this form and supporting deaf athletes in meeting their selection criteria.

With kind regards,

UK Deaf Sport

Email: admin@ukds.org.uk

Web: www.ukds.org.uk

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:
 *Sport: *Event:

Below is complete by audiologist only
 *Audiometer: ANSI 1969 ISO 1964 *Examiner Name:
 *Calibration: Other: *Date of Examination: (day / month / year)

***AIR CONDUCTION & *BONE CONDUCTION**
 FREQUENCY in hertz (Hz)
 125 250 500 1000 2000 4000 8000
 HEARING THRESHOLD LEVEL in decibels (dB)
 10
 20
 30
 40
 50
 60
 70
 80
 90
 100
 110
 120

***IMPEDANCE TYMPANOMETRY**
 Ear C Grade Pres. Peak
 RIGHT 3
 LEFT

***REFLEXOMETRY**
 Side Equals Probe Ear
 RIGHT Stim 500 1000 2000 4000
 Ipsi 4
 Contra
 LEFT Stim 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 |
|-------------|-----|------------|-------------|-------------|
| RIGHT (red) | O | □ | ◀ | ▶ |
| LEFT (blue) | X | □ | > | ! |
| | | | No Response | NR |

TYPE OF HEARING LOSS
 (Check one for each ear with an "X")

| Ear | Sensor-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.

Adapted Form Revised: 2015-03-18

'Every deaf person active and inspired by sport.'