

THE INTERNATIONAL CHESS COMMITTEE OF THE DEAF



AUDIOGRAM

Name: _____ (family name) _____ (first name) _____ (middle name)

Male Female

Audiometer: _____ (name)

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

Calibration: _____

Country: _____

ANSI 1969 ISO 1964

Other: _____

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

Examiner: _____

Audiogram

Frequency (Hz) 125 250 500 1000 2000 4000 8000

HEARING LEVEL IN DECIBELS (dBHL)	0						
	10						
	20						
	30						
	40						
	50						
	60						
	70						
	80						
	90						
	100						
	110						
	120						

FREQUENCY IN HERTZ

KEY TO SYMBOLS

Ear	Air	Air-masked	Bone	Bone-masked	AB Words	SSI Test
R	O	O	<	•	O	•
L	X	X	>	•	X	•
Sound field	S	No response	?			

TYPE OF HEARING LOSS

	Right	Left
Sensory-neural		
Conductive		
Mixed		

Check one for each ear

IMPEDANCE TYMPANOMETRY

RIGHT

TYPE	INIT CAV	PEAK COMP	STATIC COMP	MEP

LEFT

TYPE	INIT CAV	PEAK COMP	STATIC COMP	MEP

REFLEXOMETRY

SIDE EQUALS PROBE EAR

RIGHT

STIM	500	1000	2000	4000
IPSI				
CONTRA				
DECAY				

LEFT

STIM	500	1000	2000	4000
IPSI				
CONTRA				
DECAY				

Pure Tone Average (500-1000-2000Hz)		
	Right	Left
AIR		
BONE		

Comments: _____

Please complete and send to Secretary of the International Chess Committee of the Deaf (at address shown above)