



PLEASE PRINT OR USE TYPEWRITER and send to classification@waf-armwrestling.com

*Gender: ☐ Male ☐ Female

*Date of Examination: _____
(day / month / year)

**** This form and the attached medical documentation must not be older than 12 months at the time of the Athlete Evaluation.**


Notes for the audiologist:

Thank you for using the WAF audiogram form. Our athletes need to complete this form fully to receive an Identification number to participate in upcoming Championships.

In compliance with WAF audiogram regulations, here is a guideline for you to complete the WAF audiogram form, as listed below:

1. Official WAF Audiogram form must be used. The form can be downloaded from www.waf-armwrestling.com
2. All four (4) types of audiogram testing below must be filled out entirely for **EACH** ear including:
 1. **Air Conduction** - Please test on 500, 1000, and 2000Hz.
 2. **Bone Conduction** - Please test on 500, 1000, and 2000Hz.
 3. **Tympanograms** (Tympanometry) - Please write numbers
 4. **Acoustic Reflexes** (Reflexometry) - Please write numbers or NR if there are no responses. Do **not** use dash mark (-) or zero (0).
3. Below yellow box with numbers indicates required fields for you to enter:

1. **Audiometer** - Identify the name of the audiometer.
2. **Examiner Name** - Name of the audiologist who performs the test.
3. **Calibration** - Indicate the name of the calibration used.
4. **Date of Examination** - Enter examination date.
5. **Air Conduction** - Record air testing results. See 2.1 above. If there are no responses in Air Conduction, please write NR as noted in "Key to Symbols".
6. **Bone Conduction** - Record bone testing results. See 2.2 above. If there are no responses in Bone Conduction, please write NR as noted in "Key to Symbols".
7. **Tympanometry** - Record Tympanometry test results. See 2.3 above.
8. **Reflexometry** - Record Reflexometry test results. See 2.4 above.
9. **Pure Tone Average** - Add 500, 1000, 2000Hz and divided by three (3) for both air and bone testing results.
10. **Type of Hearing Loss** - Identify the type of hearing loss by placing 'X' accordingly as shown on the form for respective ear.
11. **Comments** - Please write comments as needed about this athlete. If there are no Tympanogram or reflex equipments to test, please write comments in English.
12. This is for WAF official uses only, do not write.

 **WORLD ARMWRESTLING FEDERATION**
Recognized by the International Paralympic Committee
OFFICIAL AUDIOGRAM DATA SHEET
Sofia Park Trading Zone,
Building 16V, Fl 1 Office 1-2,
Sofia 1700, Bulgaria
classification@waf-armwrestling.com

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***Required Fields**

***Name:** Family Name (Last Name) Given Name (First Name) Other Names (Middle Name)

***Nation:** _____ ***Sport:** _____

***Date of Birth:** (day / month / year) _____ ***Which event?** ☐ Continental Championships ☐ World Championships ☐ Deaflympics

***Gender:** ☐ Male ☐ Female

AUDIOGRAM

***Audiometer:** 1 ***Examiner Name:** 2

***Calibration:** ☐ ANSI 1969 ☐ ISO 1364 3 ***Date of Examination:** (day / month / year) 4

***AIR CONDUCTION & BONE CONDUCTION**
FREQUENCY in hertz (Hz)

HEARING THRESHOLD LEVEL in decibels (dB)

0 10 20 30 40 50 60 70 80 90 100 110 120

125 250 500 1000 2000 4000 8000

5 & 6

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	Conduction	Mixed	Cochlear Implant
RIGHT				
LEFT				

10

IMPEDANCE TYMPANOMETRY

Ear	Canal Vol.	Peak Comp.	Gradient	Peak
RIGHT				
LEFT				

7

REFLEXOMETRY
Site Square Probes Ear

	Stim	500	1000	2000	4000
RIGHT	Isol				
	Contra				
LEFT	Stim				
	Isol				
	Contra				

8

PURE TONE AVERAGE
(500-1000-2000 Hz)

Ear	Air	Bone
RIGHT		
LEFT		

9

WAF HOME OFFICE USE ONLY

ID _____

Data Entered By _____

WAF Audiologist _____

12

COMMENTS: (In English) _____

11

* This form is required and audiogram form must be completed three (3) months before the event.

Failure to observe the requirements will result in delayed approval.

Thank you in advance for your cooperation,
WAF Staff