



**WORLD ARMWRESTLING FEDERATION**  
*Recognized by the International Paralympic Committee*  
**OFFICIAL AUDIOGRAM DATA SHEET**

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**\*Required Fields**

PLEASE PRINT OR USE TYPEWRITER and send to [classification@waf-armwrestling.com](mailto:classification@waf-armwrestling.com)

**\*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

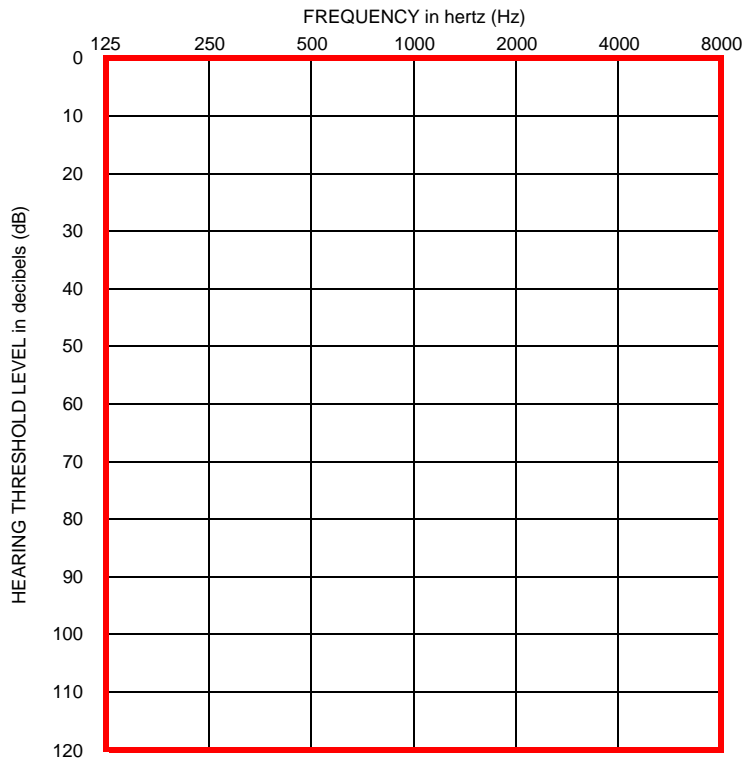
**\*Gender:**  Male  Female

## AUDIOGRAM

**\*Audiometer:** \_\_\_\_\_ **\*Examiner Name:** \_\_\_\_\_

**\*Calibration:**  ANSI 1969  ISO 1964 **\*Date of Examination:** \_\_\_\_\_  
 Other: \_\_\_\_\_ (day / month / year)

**\*AIR CONDUCTION & \*BONE CONDUCTION**



*IMPEDANCE TYMPANOMETRY				
Ear	Canal Vol.	Peak Comp.	Gradient	Pres. Peak
RIGHT				
LEFT				

*REFLEXOMETRY					
Side Equals Probe Ear					
	Stim	500	1000	2000	4000
RIGHT	Ipsi				
	Contra				
LEFT	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	Sensori-neural	Conductive	Mixed	Cochlear Implant
RIGHT				
LEFT				

WAF HOME OFFICE USE ONLY	
ID: A	_____
Data Entered By: A	_____
Y Ø Ø Audiologist:	_____

**COMMENTS:** \_\_\_\_\_ *Audiogram Form*  
 (In English) \_\_\_\_\_ *Revised: 2 / 2016*

[www.waf-armwrestling.com/audiogram.pdf](http://www.waf-armwrestling.com/audiogram.pdf)

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

Notes for the audiologist:

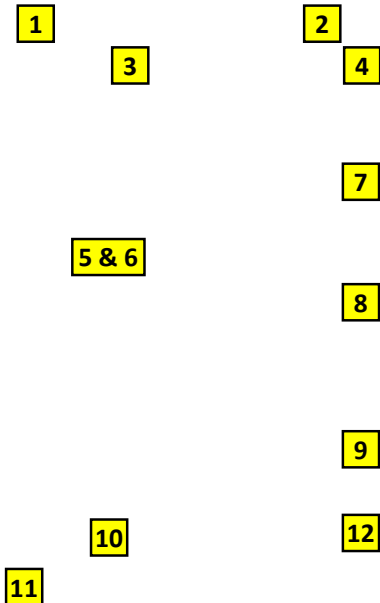
Thank you for using the YÆØ audiogram form. Our athletes need to complete this form fully to receive an Identification number to participate in upcoming Championships.

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](http://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 official uses only, do not write.



**Failure to observe the requirements will result in delayed approval.**

Thank you in advance for your cooperation,  
WAF Staff