

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 1766, Bulgaria

classification@waf-armwrestling.com

*Gender: *Audiomet	Male F	day /			Given	Name (First N	lame)	Other N	ames (N	/liddle N	ame)						
Date of Bi	irth:(MaleF	day /			Given	Name (First N	lame)	Other N	ames (N	/liddle N	ame)						
Date of Bi	Male F		month / yea														
*Gender: *Audiomet	Male F		month / vea		*Sport:												
*Gender: *Audiomet	Male F		month / vea	*Date of Birth:						*Which event? Continental Championships							
Audiomet		emale	(day / month / year)					World Championships									
	er.		*Gender: Male Female						☐ Deaflympics								
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	er.			,	\OL												
Calibratio					_	*Examiner											
	*Calibration:ANSI 1969ISO 1964						*Date of Examination:(day / month / year)										
	Other:				-				(day /	month	/ year)						
	*AIF	CON	DUCTION &	*BONE COI	NDUC.	TION											
			FREQUENC'														
0 125	5 250	5	00 10	00 20	000	4000	8000										
·								*IMPED/			OMETRY						
10							-	Ear	Canal Vol.	Peak Comp.	Gradient	Pres. Peak					
20 -								RIGHT									
HEARING THRESHOLD LEVEL in decibels (dB) 08 0.00 0.00 0.00 0.00 0.00 0.00 0.00							-	LEFT									
ledio 40							_			•							
n de								*REFLEXOMETRY Side Equals Probe Ear									
 실 50 -							-	RIGHT Stim	e Equais	1000	2000	4000					
60 P									000	1000	2000	.000					
								lpsi									
五 70 -							-	Contra									
E 00								LEFT Stim	500	1000	2000	4000					
80 E								lpsi									
90 –							-	· ·									
_								Contra									
100							-										
110								PHE	RE TONI	= AVFP	AGF						
,						PURE TONE AVERAGE (500-1000-2000 Hz)											
120			•		•			Ear	А	ir	Во	ne					
F	KEY TO SYN				1			RIGHT									
-	Ear RIGHT (red)	Air		asked _	Bone <	Bone-maske	ea										
F	LEFT (blue)	X			>]		LEFT									
			No Re	sponse	NR							_					
	-	YPF	OF HEARING	LOSS				WAF HON	/F OF	FICE I	ISF ON	ΙΙΥ					
TYPE OF HEARING LOSS (Check one for each ear with an "X")						WAF HOME OFFICE USE ON ID:											
Ear	Sensori-neural		onductive	Mixed		Cochlear Impl	ant	Data Enter	ed By:								
RIGHT LEFT								WAF Audiologist:									
LEFI		1															
COMMENT	ΓS:																
(In Englis												gram Forn d: 2 / 2016					

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

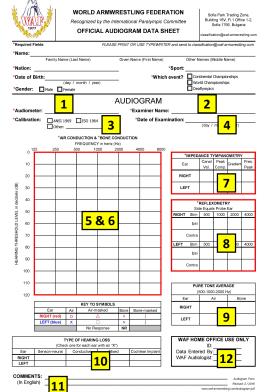
In compliance with WAF audiogram regulations, here is a guideline for you to complete the WAF audiogram form, as listed below:

- **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.
 - 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.



Failure to observe the requirements will result in delayed approval.