

# MEDICAL DIAGNOSTICS FORM FOR ATHLETES WITH VISUAL IMPAIRMENT

- This form must be completed by every individual athlete with visual impairment and pages 1-3 must be submitted to the respective International Federation (IF, see page 5) before classification.
- The form is to be filled out by a registered ophthalmologist (as applicable by country).
- The form is used to determine the athlete's sight in accordance with the respective IF classification rules (eligibility criteria listed on page 4 as a reference).

**Please fill out the form legibly and in capital letters.**

**Incomplete Applications will be returned and will need to be re-submitted. Athletes cannot present for classification until applications have been completed.**

## 1. ATHLETE INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: Female  Male  Date of Birth (d/m/y): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Sport: \_\_\_\_\_

## 2. MEDICAL INFORMATION

Current diagnosis with sufficient medical information (see note 1):



#### 4. MEDICAL PRACTITIONER DECLARATION

<input type="checkbox"/> I certify that the above-mentioned information is medically appropriate
<input type="checkbox"/> I certify that there is no contra-indication for this individual to compete at competitive level in the sport mentioned.
Name: _____
Medical Speciality: _____
Registration Number: _____
Address: _____
City: _____ Country: _____
Tel.: _____ E-mail: _____
Signature of Medical Practitioner: _____
Date: _____

#### Note 1 Diagnosis

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application. This include report and graphic results (where applicable) on:

- Pattern Visual Evoked Potentials
- Electroretinography / Electrooculography
- Cerebral Magnetic Resonance Imaging

#### Note 2

Visual Field has to be tested by full-field strategy (30° central field test will not be accepted, by means of any of the following devices:

- Humphrey Field Analyzer, Twinfield (Oculus), Octopus (interzeag), Rodenstock Peristat, Medmont (MAP), Goldmann Perimetry Intensity III/4

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**It is the responsibility of the Athlete to submit a copy of this Medical Diagnostic Form and all relevant documentation to the appropriate International Federation.**

**The athlete should bring a copy of this document each time when he/she presents for classification.**

## DEFINITION OF ELIGIBLE CLASSES

(applicable 2011-2012. The most accurate and binding wording is to be retrieved from the IF classification rules. Links are provided from [www.paralympic.org/sports/classification](http://www.paralympic.org/sports/classification))

To be eligible to compete in Paralympic Sport, the Athlete with visual impairment must be affected by at least one of the following impairments, resulting from disease/disorder:

- impairment of the eye structure;
- impairment of the optical nerve/optic pathways;
- impairment of the visual cortex of the central brain.

All Athlete Evaluation and Sport Class allocation<sup>1</sup> will be based on the assessment of visual acuity in the eye with better visual acuity whilst wearing best optical correction using spectacles or contact lenses.

### **Sport Class B1**

An Athlete shall compete in Sport Class B1 if his or her visual acuity is poorer than LogMAR 2.60.

### **Sport Class B2**

An Athlete shall compete in Sport Class B2 if

- his or her visual acuity ranges from LogMar 1.50 to 2.60 and/or
- he or she has a visual field that is constricted to a radius of less than 5 degrees.

### **Sport Class B3**

An Athlete shall compete in Sport Class B3 if

- his or her visual acuity ranges from 1.40 to 1 (inclusive) and/or
- he or she has a visual field that is constricted to a radius of less than 20 degrees.

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<sup>1</sup> An IF may decide to name the sport classes different from B1, B2 and B3, but the assessment criteria remain unchanged (e.g. IPC Athletics (T/F11-13), IPC Swimming (S/SB/SM11-13), Equestrian (Profiles 36-37a,b))

**International Federation and contact details to submit this documentation(\*):**

Alpine Skiing (IPC)	IPC Alpine Skiing Adenauerallee 212-214 53113 Bonn Germany	Fax: +49 228 2097 209 E-mail: ipcalpineskiing@paralympic.org
Athletics (IPC)	IPC Athletics Adenauerallee 212-214 53113 Bonn Germany	Fax: +49 228 2097 209 E-mail: Haozhe.gao@paralympic.org
Cycling (UCI)	UCI – Para-Cycling UCI Headquarters 1860 Aigle Switzerland	Fax +41-24-468-5812 E-Mail: christophe.cheseaux@uci.ch
Equestrian (FEI)	FEI – Para-Equestrian Avenue Mon-Repos 24 P.O. Box 157 1000 Lausanne 5 Switzerland	Fax +41 21 310 4760 E-Mail i.williams@horsesport.org
Football 5-a-side (IBSA)	IBSA Attn. Dr. Luigi de Salvia IBSA Medical Director Via di Porta Castello 33 00193 Rome; Italy	Email: md@ibsa.es
Goalball (IBSA)		
Judo (IBSA)		
Nordic Skiing (IPC)	IPC Nordic Skiing Adenauerallee 212-214 53113 Bonn Germany	Fax: +49 228 2097 209 E-mail: ipcnordicskiing@paralympic.org
Rowing (FISA)	FISA Maison du Sport International Av. de Rhodanie 54 1007 Lausanne Switzerland	Fax +41 21 617 8375 E-Mail: info@fisa.org
Sailing (IFDS)	IFDS Ariadne House Town Quay Southampton, Hampshire SO14 2AQ United Kingdom	Fax. +44 23 8063 5789 E-mail: ifds@isaf.co.uk
Swimming (IPC)	IPC Swimming Adenauerallee 212-214 53113 Bonn Germany	Fax: +49 228 2097 209 E-mail: agnes.szilak@paralympic.org
Triathlon (ITU)	International Triathlon Union (ITU) #221, 998 Harbourside Dr. North Vancouver, BC, Canada, V7P 3T2	
Any other sport	IBSA (see Football 5)	

\* *Sport governance may change: Athletes should check the most recent respective sport governances at [www.paralympic.org/sports](http://www.paralympic.org/sports)*