

## **BLINDNESS GRADING FORM**

**This form is to be completed for athletes with a visual impairment seeking a Paralympics New Zealand (PNZ) class for sport. On returning this form to PNZ a class will be allocated to the athlete.**

This form is based on the International Blind Sports Association (IBSA) classification system for athletes with a visual impairment. It is important to recognise that the accuracy of this classification form is extremely important, as the athlete's class will be subject to an IBSA certified doctor at future events.

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- **Sections 1 must be completed by the athlete.**
  - **Sections 2 and 3 must be completed by an ophthalmologist.**
  - The assessor should ensure that the form is completed fully, in particular including a suggested class. If the form is not completed satisfactorily the form will be returned to the sender.
  - The contents of this form are confidential to PNZ.
  - Athletes with a physical disability must complete a PNZ Provisional Classification Test Sheet (contact PNZ for details).
  - Athletes with an intellectual disability must comply with the eligibility criteria of INAS-FID (contact PNZ for details).
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### **SECTION 1 – ATHLETE DETAILS**

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

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

Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Hm): ( ) \_\_\_\_\_ Phone (Wk): ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_

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**Please return this form to  
Classification Manager  
Paralympics New Zealand, PO Box 99178, Newmarket, Auckland  
Tel. (09) 526 0760, Fax. (09) 526 0762, Email. [classification@paralympics.org.nz](mailto:classification@paralympics.org.nz)  
[www.paralympics.org.nz](http://www.paralympics.org.nz)**

## SECTION 2 – VISUAL EXAMINATION

<b>Visual Acuity</b>		<b>Visual Fields (if applicable)</b>	
		<i>Include copy with application</i>	
	With correction	Without correction	
<b>RE</b>	_____	_____	<b>RE</b> _____ (degrees)
<b>LE</b>	_____	_____	<b>LE</b> _____ (degrees)

**ENTER  
CLASS  
HERE**

### **INSTRUCTIONS FOR THE 3-CLASS SYSTEM**

- B1** No light perception in either eye up to light perception but inability to recognise the shape of a hand at any distance or in any direction
- B2** From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 degrees
- B3** From visual acuity above 2/60 up to visual acuity of 6/60 and/or visual field of more than 5 degrees and less than 20 degrees
- All classifications in best eye with best correction.
  - Classifications should be done in an ophthalmological office.
  - Finger counting should be done with a contrasting background.
  - If the classification is based on a visual field defect, the athlete must bring a copy of the visual field test.
  - Visual field should be tested with equipment, which allows determination in degrees, with a large object.

## SECTION 3 – ASSESSOR DETAILS

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

Signature: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_