

Athlete



## Medical Diagnostics Form Athletes with Visual Impairment

This form is to be completed by a registered Ophthalmologist.  
All medical documentation required on page 2 needs to be attached.  
The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

### Athlete Information

Surname: \_\_\_\_\_  
First: \_\_\_\_\_  
Gender: Female  Male  Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email \_\_\_\_\_ Phone: (Hm and Mob) \_\_\_\_\_

### Medical Information

**Diagnosis:** (must be supported by medical evidence demonstrating the cause of the Visual Impairment)

### **Medical history:**

Age of onset: \_\_\_\_\_  
Anticipated ocular procedures: \_\_\_\_\_  
Athlete wears glasses:  yes  no Correction: Right: \_\_\_\_\_  
Left: \_\_\_\_\_  
Athlete wears contact lenses:  yes  no Correction: Right: \_\_\_\_\_  
Left: \_\_\_\_\_  
Athlete wears eye prosthesis:  right  left

### **Medication:**

Eye medications used by the athlete:	
Ocular drug allergies:	

Athlete:

## **Assessment of Visual Acuity and Visual Field**

### **Visual Acuity**

	Left eye	Right eye
With Correction		
Without Correction		

Type of correction: \_\_\_\_\_

Measurement: \_\_\_\_\_

Method: \_\_\_\_\_

### **Visual Field:**

In degrees (radius)	Left eye	Right eye

## **Attachments to the Medical Diagnostic Form**

### **Visual Field Test**

For all athletes with a restricted visual field a visual field test must be attached to this form. The athlete's visual field must be tested by full-field test (120 degrees) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

### **Visual Acuity Test**

All acuity measures are with best possible correction (glasses or contact lenses) irrespective of whether the athlete wears these in competition.

Acuity should be measured by one of the following:

- LogMAR Chart with tumbling "E" and the Berkley Rudimentary Vision Test (Preferable)
- E.T.D.R.S. (Light House new York)
- Snellen Acuity test (only if no other test is available)

Athlete:

**Assessors Declaration**

- I confirm that the above information is accurate.
- I certify that there is no contra-indication for this athlete to compete at competitive level in sport, with the exception of \_\_\_\_\_.

Name: _____
Medical Specialty: _____
Registration Number: _____
Address: _____
Country: _____ Phone: _____
Email: _____
Date: _____
Signature: _____

**Provisional Classification Outcome**

**Please indicate from the best eye with best corrected vision**

<input type="checkbox"/> <b>B1</b>	Visual Acuity is poorer than LogMAR 2.60. May have some light perception but unable to see shape of hand at any distance
<input type="checkbox"/> <b>B2</b>	Visual Acuity ranges from LogMAR 1.50 to 2.60 inclusive; and/or a Visual Field that is constricted to a radius of 5 degrees. (up to 2/60 vision)
<input type="checkbox"/> <b>B3</b>	Visual Acuity ranges from LogMAR 1.40 to 1.0 inclusive; and/or a Visual Field constricted to a radius of 20 degrees, (2/60 to 6/60 vision)
<input type="checkbox"/> <b>NE</b>	Visual Acuity less than LogMAR 1.0; and/or Visual Field greater than or equal to 40 degrees diameter.