

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 ☐ yes ☐ no Correction: Right: _____
 contact lenses: Left: _____

Athlete wears ☐ 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"/> B1	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"/> B2	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"/> B3	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"/> NE	Visual Acuity less than LogMAR 1.0; and/or Visual Field greater than or equal to 40 degrees diameter.