MEDICAL DIAGNOSTICS FORM FOR ATHLETES WITH VISUAL IMPAIRMENT

- Form may be completed and submitted by email to dd@ibsa.es
- The form is to be filled out by a registered ophthalmologist (or other eye doctor as applicable by country).
- The form is used to determine the athlete's vision in accordance with the relevant IF classification rules.

Please complete this form legibly and in capital letters.

Incomplete Applications will be returned and must 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):

Medical history

Age of onset: _____

Anticipated future procedure(s): _____

Glasses : yes / no Contact lenses: yes / no Prosthesis: yes / no

Correction: R..... L..... R..... L.....

Eye Medications

Eventual Drug Allergies:

3. ASSESSMENT RESULTS

Visual Acuity

	With Correction	Without Correction
RE		
LE		

Type of correction: _____

Measurement Method: _____

Visual Field (see note 2) Please attach visual field map.

In degrees (radius)	RE	LE

4. MEDICAL PRACTITIONER DECLARATION

- ☐ **I certify that the above-mentioned information is medically appropriate**
- ☐ **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 where 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. Such evidence should include report and graphic results (where applicable) on:

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

Note 2
Visual Field must 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

It is the responsibility of the Athlete to submit a copy of this Medical Diagnostics Form and all relevant documentation to the appropriate International Federation.
The athlete should present a copy of this document each time he/she presents for classification.