

Athlete:

Assessment of visual acuity and visual field

Visual Acuity

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: _____

Measurement Method: _____

Visual Field:

In degrees (radius)	Right eye	Left eye

Attachments to the Medical Diagnostic Form

1. 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).

2. Additional medical documentation

Please specify which eye condition the athlete is affected by.

Eye condition	Additional medical documentation required (see below)
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none"> ▪ Macular OCT ▪ Multifocal and/or pattern ERG* ▪ VEP* ▪ Pattern appearance VEP*
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"> ▪ Full field ERG* ▪ Pattern ERG*
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"> ▪ OCT ▪ Pattern ERG* ▪ Pattern VEP* ▪ Pattern appearance VEP*
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"> ▪ Pattern VEP* ▪ Pattern ERG* ▪ Pattern appearance VEP*

Athlete:

The ocular signs must correspond to the diagnosis and degree of vision loss. If eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

***Notes on electrophysiological assessments (VEPs and ERGs):**

Where there is discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electretinogram (ERG) tests the function of the whole retina in response to brief flashes of light, and can separate function from either the rod or cone mediated systems. It does not however give any indication of macular function.

- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (VEP) records the signal from produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.

- A Pattern appearance VEP is specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

<input type="checkbox"/> I confirm that the above information is accurate.	
<input type="checkbox"/> 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: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____

Athlete:

This Medical Diagnostic Form with attachments is to be submitted to the respective IF:

IF/ Sport	Address	To be submitted to:
IPC Sports - Alpine Skiing, Athletics, Nordic Skiing, Swimming	International Paralympic Committee Adenauerallee 212-214 53113 Bonn Germany	Upload to athlete's profile in the SDMS database at least four weeks before the competition
IBSA – Football 5-a-side, Goalball, Judo	IBSA Attn. Neil O'Donovan IBSA Executive Director 115 George's Street Lower, Dunleary, Co. Dublin Ireland	E-mail: exd@ibsa-sports.org
UCI - Cycling	UCI – Para-Cycling UCI Headquarters Chemin de la M��lee 12 1860 Aigle Switzerland	Fax +41-24-468-5812 E-mail: christophe.cheseaux@uci.ch
FEI - Equestrian	F��d��ration Equestre Internationale HM King Hussein I Building Chemin de la Joliette 8 1006 Lausanne Switzerland	Fax +41 21 310 4760 E-mail: trond.asmyr@fei.org
FISA - Rowing	FISA Attn. FISA Head of Classification Maison du Sport International Av. de Rhodanie 54 1007 Lausanne Switzerland	Fax +41 21 617 8375 E-mail: info@fisa.org with attn. FISA Head of Classification
IFDS - Sailing	IFDS Ariadne House Town Quay Southampton, Hampshire SO14 2AQ United Kingdom	Fax. +44 23 8063 5789 E-mail: ifds@isaf.co.uk
ITU - Triathlon	International Triathlon Union (ITU) #221, 998 Harbourside Dr. North Vancouver, BC, Canada, V7P 3T2	E-mail: eric.angstadt@triathlon.org