

Medical Diagnostics Form for athletes with visual impairment

The form is to be completed in English and by a registered ophthalmologist. All medical documentation required on pages 2-3 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

Last name:					
First name:					
Gender: Female	÷⊡ Ma	le 🔲	Date	e of Birth:	
Sport:			IF re	egistration ID	
NPC/NF:				pplicable):	
Medical Information					
Medical history:					
Age of onset:					
Anticipated future procedure(s):					
Athlete wears	☐ yes	no	Correction:	Right:	
glasses:				Left:	
Athlete wears	🗌 yes	🗌 no	Correction:	Right:	
contact lenses:				Left:	
Athlete wears eye prosthesis:	right 🗌	left			
Medication:					
Eye medications					
used by the athlete:	_				
Ocular drugallergies:					

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 (diameter)	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) <u>and</u> 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)	
Anterior disease	none	
	Macular OCT	
Macular disease	 Multifocal and/or pattern ERG* 	
	 VEP* 	
	 Pattern appearance VEP* 	
Peripheral retina disease	 Full field ERG* 	
	 Pattern ERG* 	
	 OCT 	
Optic Nerve disease	 Pattern ERG* 	
	 Pattern VEP* 	
	 Pattern appearance VEP* 	
Cortical / Neurological	 Pattern VEP* 	
disease	 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.

<u>Submitted data should include</u> 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 Electrophysiolgy of Vision (ISCEV) (<u>http://www.iscev.org/standards/</u>).

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

A Visual evoked cortical potential (<u>VEP</u>) 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 <u>Pattern appearance VEP</u> 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.

I confirm that the above information is accurate. Icertify that there is no contra-indication for this athlete to compete at competitive level in sport, with the exception of Name:		
Medical Sp	ecialty:	
Registratio	n Number:	
Address:		
City:	Country:	
Phone:	E-mail:	
Date:	Signature:	

IF/ Sport	Address	To be submitted to:
IPC Sports -	International Paralympic Committee	Upload to athlete's profile in the SDMS
Alpine Skiing,	Adenauerallee 212-214	database at least four weeks before the
Athletics,	53113 Bonn	competition
Nordic Skiing,	Germany	
Swimming		
IBSA – Football	IBSA	E-mail: sallywoodlamont@gmail.com
5-a-side,	Attn. Sally Wood-Lamont	
Goalball, Judo	IBSA Secretary General	
,		
UCI - Cycling	UCI – Para-Cycling	Fax +41-24-468-5812
	UCI Headquarters	E-mail: christophe.cheseaux@uci.ch
	Chemin de la Mêlée 12	
	1860 Aigle	
	Switzerland	
FEI - Equestrian	Fédération Equestre Internationale	Fax +41 21 310 4760
	HM King Hussein I Building	E-mail: trond.asmyr@fei.org
	Chemin de la Joliette 8	
	1006 Lausanne	
	Switzerland	
FISA - Rowing	FISA	Fax +41 21 617 8375
	Attn. FISA Head of Classification	E-mail: info@fisa.org with attn. FISA Head
	Maison du Sport International	of Classification
	Av. de Rhodanie 54	
	1007 Lausanne	
	Switzerland	
IFDS - Sailing	IFDS	Fax. +44 23 8063 5789
	Ariadne House	E-mail: ifds@isaf.co.uk
	Town Quay	
	Southampton, Hampshire	
	SO14 2AQ	
	United Kingdom	
World Triathlon	World Triathlon	E-mail: eric.angstadt@triathlon.org
	Maison du Sport International	
	Av. de Rhodanie 54 Lausanne CH - 1007	
	Tel: +41 21 614 6030 <u>www.triathlon.org</u>	

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