



**U.S. PARALYMPICS
CONSENT FORM FOR VISUAL IMPAIRMENT CLASSIFICATION**

Explanation:

For an athlete to be eligible to compete in U.S. Paralympics competitions the athlete must be classified by classifiers appointed by the NPC (National Paralympic Committee) or the IPC (International Paralympic Committee) / Sport IF (International Federation).

Failure to cooperate with the classifiers or failure to complete a classification may lead to ineligibility to compete in U.S. Paralympics or IPC/IF approved/sanctioned competition.

The following is an agreement by the athlete to undergo the testing procedure.

I _____ (**printed name of the athlete**) wish to be classified on national level for U.S. Paralympics competition.

I understand that the classification process involves the necessary eye tests. I understand that to be classified I must be willing to take part in all portions of the testing procedure and cooperate fully with the classifiers / optometrist / ophthalmologist.

Signature of Athlete: _____

Witness Signature: _____

Must be parent/guardian if athlete is under age 18

Date and Location: _____



Sport Class Status: NN NR NC

CLASSIFICATION FORM FOR ATHLETES WITH A VISUAL IMPAIRMENT
(Please print all details in English)

Family name: _____

First name: _____

Date of birth (dd/mm/yyyy): _____ Gender: male / female

City/State/Country: _____

Visual Diagnosis + Associated diagnosis: _____

First diagnosed in year: _____

Medication(s): _____

Other medical conditions: _____

SPORT(s)

Please check those sports you compete in:

- | | |
|---------------------|---------------------|
| _____ Cycling | _____ Alpine Skiing |
| _____ Equestrian | _____ Biathlon |
| _____ Goalball | _____ Nordic Skiing |
| _____ Judo | |
| _____ Rowing | |
| _____ Sailing | |
| _____ Swimming | |
| _____ Track & Field | |

OPTOMETRIST / OPHTHALMOLOGIST USE ONLY

Comments: _____

Optical Aids: Glasses Contact lenses Sun glasses

CLINICAL EXAMINATION:

Visual acuity without correction RIGHT _____ LEFT _____

Visual acuity with correction RIGHT _____ LEFT _____

Refraction RIGHT _____ LEFT _____

Visual acuity w/contact lenses RIGHT _____ LEFT _____

Visual field in degrees (if applicable) RIGHT _____ LEFT _____

Visual Diagnosis: _____

Printed name of ophthalmologist /optometrist

Signature and stamp of ophthalmologist /optometrist

Date and Location: _____

U.S. PARALYMPICS OFFICIAL USE ONLY

SPORT CLASS(s): _____

SPORT(s): _____ Cycling _____ Alpine Skiing
 _____ Equestrian _____ Biathlon
 _____ Goalball _____ Nordic Skiing
 _____ Judo
 _____ Rowing
 _____ Sailing
 _____ Swimming
 _____ Track & Field

OTHER: _____

MEDICAL DIAGNOSTICS FORM FOR ATHLETES WITH VISUAL IMPAIRMENT

- This form must be completed by every individual athlete with visual impairment and pages 1-3 submitted to the respective International Federation (IF, see page 5) before classification.
- The form is to be filled out by a registered ophthalmologist (as applicable by country).
- The form is used to determine the athlete's sight in accordance with the respective IF classification rules (eligibility criteria listed on page 4 as a reference).

PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS OR TYPING

Incomplete Applications will be returned and will need to be resubmitted. Athletes cannot present for classification until applications have been completed.

1. ATHLETE INFORMATION

Surname: Given Names:

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:.....

LEFT / RIGHT

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

			Degrees (diameter)
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:
.....
.....

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 when 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. This include report and graphic results (where applicable) on:

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

Note 2

Visual Field has to 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 Diagnostic Form and all relevant documentation to the appropriate International Federation.

The athlete should bring a copy of this document each time when he/she presents for classification

DEFINITION OF ELIGIBLE CLASSES

(applicable 2011-2012. The most accurate and binding wording is to be retrieved from the IF classification rules. Links are provided from www.paralympic.org/sports/classification)

To be eligible to compete in Paralympic Sport, the Athlete with visual impairment must be affected by at least one of the following impairments, resulting from disease/disorder:

- impairment of the eye structure;
- impairment of the optical nerve/optic pathways;
- impairment of the visual cortex of the central brain.

All Athlete Evaluation and Sport Class allocation¹ will be based on the assessment of visual acuity in the eye with better visual acuity whilst wearing best optical correction using spectacles or contact lenses.

Sport Class B1

An Athlete shall compete in Sport Class B1 if the Athlete is unable to recognize the orientation of a 100M Single Tumbling E target (height: 145mm) at a distance of 250mm.

Within this class, the vision ability may range from no light perception to a Single Tumbling E visual acuity poorer than LogMAR = 2.60.

Sport ClassB2

An Athlete shall compete in Sport Class B2 if the Athlete:

- Is unable to recognize the orientation of a 40M Single Tumbling E target (height: 58mm) at a distance of 1m (STE LogMAR = 1.60); and/or
- Has a visual field that is constricted to a diameter of less than 10 degrees.

Within this class, the vision acuity may range from Single Tumbling E visual acuity poorer than LogMar = 1.60 to Single Tumbling E visual acuity of LogMar = 2.60.

Sport Class B3

An Athlete shall compete in Sport Class B3 if the Athlete:

- Has a visual acuity that is poorer than LogMar = 1.00 (6/60) measured with an ETDRS letter chart or an equivalent chart (Tumbling E) in the LogMAR format presented at a distance of at least 1meter.; and/or
- has a visual field that is constricted to a diameter of less than 40 degrees.

Within this class, the visual acuity may range from a letter chart acuity poorer than LogMAR = 1.60 to a Single Tumbling E visual acuity of LogMAR = 1.60.

¹ An IF may decide to name the sport classes different from B1, B2 and B3, but the assessment criteria remain unchanged (e.g. IPC Athletics (T/F11-13), IPC Swimming (S/SB/SM11-13), Equestrian (Profiles 36-37a,b))