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: ____________________________________________________________
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
_____ Equestrian
_____ Goalball
_____ Judo
_____ Rowing
_____ Sailing
_____ Swimming
_____ Track & Field

_____ Alpine Skiing
_____ Biathlon
_____ Nordic Skiing
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)

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Medical history

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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

<table>
<thead>
<tr>
<th></th>
<th>With Correction</th>
<th>Without Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of correction: ........................................................................................................

Measurement Method: ........................................................................................................

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

<table>
<thead>
<tr>
<th></th>
<th>Degrees (diameter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE</td>
<td></td>
</tr>
<tr>
<td>LE</td>
<td></td>
</tr>
</tbody>
</table>

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 allocation\(^1\) 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 Class B2

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)