# Appendix A6 – IFDS Vision Test Form

Correction:

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

## **IFDS Medical Diagnostics Form for Vision Impairment**

This form must be completed by every individual athlete with vision impairment and submitted to IFDS at classification. The form is to be filled out by a registered ophthalmologist (as applicable by country), and is used to determine the athlete's sight in accordance with the respective classification rules (see eligibility criteria below).

## Instructions for Ophthalmologists (Please read carefully)

This sailor is intending to compete internationally and correct completion of this form is essential for him/her to be allowed to do so. He/she requires detailed visual testing carried out to IBSA standards, or a report of such testing, which was carried out under these conditions less than one year ago. It is also important that the results are completely filled in on this form by you and signed. The signed form should be returned to the sailor. Thank you for your cooperation.

#### PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS OR TYPE

The athlete must bring this document each time he/she presents for classification						
1. ATHLETE	INFORMATION					
Surname:	Give	n Names:				
Female #? Ma	ale #? Date of Birth (dd/m	m/yyyy):				
Address:						
City:		Country:				
Email address:						
2. MEDICAL I	NFORMATION					
Current diagnosis	with sufficient medical informat	on (see note 1)				
Medical history						
Age of onset:	Anticipated future p	procedure(s):				
Glasses : YES / N	NO Contact Lenses: YI	ES / NO Prosthesis: YES / NO				

Eye medications		Possible drug allergies					
3. ASSESSME	NT RESULTS						
<u>Visual Acuity</u> (to be expressed in LogMar format)							
	With Correction		Without Correction				
RE LE							
	e.						
type of cor	rection:						
Measurement Method:							
Visual Field (see	note 2)						
	Degrees (diameter)		1	Degrees (diameter)			
RE	Degrees (diameter)	L	=	Degrees (diameter)			
N							
Notes							
		10.11					
rease attach phot	tocopy of visual fields. If visua	ai fields were	e not carried (	out, please state the			
	RACTITIONER DECLARATION	ON.					
4. MEDICAL P	RACIIIIONER DECLARATI	JN					
I certify that	the above-mentioned inform	mation is m	edically app	ropriate			
I certify that	there is no ophthalmologic	al contra-in	dication for	this individual to			
compete at	competitive level in sailing.						
Name:							
Medical speciality: Registration number:							
Address:							
Tel.:	E-m	ail:					
Signature of Medical Practitioner:							
Date:	Offi	cial stamp					

# 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 measurement

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

#### **DEFINITION OF ELIGIBLE CLASSES**

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 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**

Visual acuity poorer than LogMAR = 2.60.

## **Sport Class B2**

Visual acuity ranging from LogMAR = 1.50 to 2.60 (inclusive)

and/or Visual field constricted to a diameter of less than 10 degrees.

## **Sport Class B3**

Visual acuity ranging from LogMAR = 1.40 to 1 (inclusive) and/or Visual field constricted to a diameter of less than 40 degrees.