

## Appendix A6 – IFDS Vision Test Form

### 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: ..... Given Names: .....

Female ☐? Male ☐? Date of Birth (dd/mm/yyyy): .....

Address: .....

City: ..... Country: .....

Email address: .....

#### 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:.....

Eye medications .....	Possible drug allergies .....
.....	.....
.....	.....
.....	.....

### 3. ASSESSMENT RESULTS

**Visual Acuity** (to be expressed in LogMar format)

	With Correction	Without Correction
RE		
LE		

Type of correction: .....

Measurement Method: .....

**Visual Field** (see note 2)

	Degrees (diameter)		Degrees (diameter)
RE		LE	

Notes

*Please attach photocopy of visual fields. If visual fields were not carried out, please state the reason : \_\_\_\_\_*

### 4. MEDICAL PRACTITIONER DECLARATION

☐ I certify that the above-mentioned information is medically appropriate

☐ I certify that there is no ophthalmological contra-indication for this individual to compete at competitive level in sailing.

Name: .....

Medical speciality: .....Registration number:.....

Address: .....

Tel.: .....E-mail: .....

Signature of Medical Practitioner: .....

Date: ..... Official 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.