



**MEDICAL DIAGNOSTICS FORM FOR ATHLETES
WITH VISUAL IMPAIRMENT**

THE FORM IS TO BE COMPLETED IN ENGLISH BY A REGISTERED OPHTHALMOLOGIST.

All medical documentation required in Section 4.0 must be attached at the end of this form and uploaded on the IFSC results system together with the Licence request.

Please fill out the form legibly and in capital letters. Incomplete Applications will be returned and will need to be re-submitted. Athletes cannot receive a valid Licence until this Medical Form is properly completed and submitted.

1. ATHLETE INFORMATION

Last Name: _____

First Name: _____

Gender: Female Male Date of Birth (dd/mm/yyyy): _____

NPC/NF: _____ Country: _____

Sport: _____



2. MEDICAL INFORMATION FOR VISUAL IMPAIRMENT

The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

2.1. DIAGNOSIS: Description of the Athlete’s medical diagnosis and the loss of function this health condition results in:

[Empty box for medical diagnosis description]

HEALTH CONDITION IS: FLUCTUATING STABLE

2.2. MEDICAL HISTORY FOR VISUAL IMPAIRMENT

Age of onset: _____

Anticipated future procedure(s): _____

Athlete wears glasses: Yes No Correction: Right: _____

Left: _____

Athlete wears contact lenses: Yes No Correction: Right: _____

Left: _____

Athlete wears eye prosthesis: Right Left

2.3. MEDICATIONS

Eye medications used by the athlete: _____

Ocular drug allergies: _____



3. ASSESSMENT OF VISUAL ACUITY AND VISUAL FIELD

3.1. VISUAL ACUITY

Visual acuity must be measured in LogMAR scale.

	RIGHT EYE	LEFT EYE
With Correction		
Without Correction		

Type of correction: _____

Measurement Method: _____

3.2. VISUAL FIELD

	RIGHT EYE	LEFT EYE
In degrees (radius)		

4. ATTACHMENTS TO THE MEDICAL DIAGNOSTICS FORM

4.1. 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) and 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).

4.2. ADDITIONAL MEDICAL DOCUMENTATION

Please specify which eye condition the athlete is affected by.

EYE CONDITION	ADDITIONAL MEDICAL DOCUMENTATION REQUIRED (SEE BELOW)
<input type="checkbox"/> Anterior disease	None
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none"> • Macular OCT • Multifocal and/or pattern ERG* • VEP* • Pattern appearance VEP*
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"> • Full field ERG* • Pattern ERG*
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"> • OCT • Pattern ERG* • Pattern VEP* • Pattern appearance VEP
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"> • Pattern VEP* • Pattern ERG* • Pattern appearance VEP*

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.

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

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

A Visual evoked cortical potential (VEP) 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 Pattern appearance VEP 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.



5. OPHTHALMOLOGIST 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 Specialty: _____

Registration Number: _____

Address: _____

City: _____ Country: _____

Tel.: _____ E-mail: _____

Signature of Ophthalmologist:

Date: _____