Medical Diagnostics Form
for athletes with Vision Impairment

The form is to be completed in English and by a registered ophthalmologist.
All medical documentation required on pages 2-3 needs to be attached.
The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

Athlete Information

Last name: _____

First name: _____

Gender: Female ☐ Male ☐ Date of Birth: _____

Sport: _____ IF registration ID

NPC/NF: _____ (if applicable): _____

Medical Information

Diagnosis:

Medical history:

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

Athlete Name: SDMS No:

Medication:

Eye medications used by the athlete:	
Ocular drug allergies:	

Assessment of visual acuity and visual field

Visual Acuity

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: _____

Measurement Method: _____

Visual Field:

In degrees (diameter)	Right eye	Left eye

Attachments to the Medical Diagnostic Form (NB)

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 a 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).

2. **Additional medical documentation (mandatory)**

Please specify which eye condition the athlete is affected by.

Eye condition	Additional medical documentation required (see below)
☐ Anterior disease	none
☐ Macular disease	▪ Macular OCT ▪ Multifocal and/or pattern ERG* ▪ VEP* ▪ Pattern appearance VEP*
☐ Peripheral retina disease	▪ Full field ERG* ▪ Pattern ERG*
☐ Optic Nerve disease	▪ OCT

	▪ Pattern ERG* ▪ Pattern VEP* ▪ Pattern appearance VEP*
☐ Cortical / Neurological disease	▪ 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 Electrophysiolgy 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.

Athlete Name: SDMS No:

☐ **I confirm that the above information is accurate.** ☐ **I certify that there is no contra-indication for this athlete to compete at competitive level.**			
Name:			
Medical Specialty:			
Registration Number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date:		Signature:	

This Medical Diagnostic Form with attachments is to be submitted to World Para Athletics:

Address	**To be submitted to:**
World Para Athletics International Paralympic Committee Adenauerallee 212-214 53113 Bonn Germany	Upload to athlete's profile in the SDMS database upon registration.