MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English,** in **CAPITAL LETTERS**, typed or **black** ink. **All sections must be completed**.
- To be confirmed and certified **by a registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical documentation attached.
- Must be **uploaded in ISAS** (IBSA system) **6 weeks prior** to first classification day.
- See also **Text and Notes on page 3 and 4.** More detailed indication is in the VI Classification Manual.

▪ **At Classification athlete must show the original of MDF and other medical documents required**.

To be filled by the National Federation

I - ATHLETE INFORMATION (as written in passport)

Last name:_____First name:_____

Gender: Female ❑ Male ❑ Date of Birth: _/ / Nationality: _____

Sport:_____, NPC/NF:_____, ISAS registry:_____, SDMS (IPC):_____

❑ **National Paralympic Committee** (NPC) **or National Federation** (NF) **certifies that there are no health risks and contra-indication for the athlete to compete at a competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents regarding this.**

_____ _____ _____/_____/_____

Name (stamp) Signature Date : Day Month Year

II - PREVIOUS CLASSIFICATIONS

Last National Classification**: Year:**_____**Class: B1**❑ **B2**❑ **B3**❑ **Other**❑**:**_____

First International Classifications: **New**❑ or **Year:**_____Class: **B1**❑ **B2**❑ **B3**❑ **NE**❑

Last International Classification**: Place:**_____**, Year:**_____**, Sport:**_____

Actual International Class and Status**: New** ❑ or **Protest / Reclassification accepted** ❑_____, or **Class:B1**❑ **B2**❑ **B3**❑ **Status: Review**❑(next time) or **Review Year**❑ _; **NE**❑1st panel;

To be filled by Medical Doctor - Ophthalmologist

III - MEDICAL INFORMATION

A - Relevant systemic (non ophthalmic) pathology and medical information

Yes ❑:_____

_____

_____

No ❑

B - Visual, ophthalmic and associated diagnosis (short)

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C - Ophthalmic medical data

Age of onset:_____At present: ❑ Stable on the last_____years ❑ Progressive

Anticipated future procedure(s): ❑ No ❑ Yes:_____ when: _____

D - Eye medication and allergies

Ophthalmic medication used by the athlete: No ❑ Yes ❑: _____

_____

Allergic reactions to ocular drugs: No ❑ Yes ❑: _____

Athlete: last name:_____ **first name :**_____

To be filled by Medical Doctor - Ophthalmologist

E - Optical correction and prosthesis

Athlete wears glasses: ❑ No ❑ Yes : { Right eye: Sph._____ Cyl._____ Axis (º)
Left eye: Sph._____ Cyl._____ Axis (º)

Athlete wears contact lenses: ❑ No ❑ Yes : { Right eye: Sph._____ Cyl._____ Axis (º)
Left eye: Sph._____ Cyl._____ Axis (º)

Athlete wears eye prosthesis: ❑ No ❑ Yes : ❑ Right ❑ Left

F - Visual Acuity

Visual Acuity	Right eye	Left eye	Binocular
With correction			
Without Correction			

Measurement Method: ❑ LogMar ❑ Snellen ❑ Other: _____

Correction used for visual acuity test: ❑ Glasses ❑ Contact lenses ❑ Trial lenses

Right eye: Sph._____ Cyl._____ Axis (º)
Left eye: Sph._____ Cyl._____ Axis (º)

G - Visual Field (**IMPORTANT: Visual fields graphics must be attached**)

Equipment used:_____ Pupil diameter:_____mm

Date:_____/_____/_____

Periphery isopter	Right eye	Left eye	Binocular

Amplitude in degrees (radius)	Right eye	Left eye	Binocular

❑ **I confirm that the above information is accurate and updated**

❑ **I certify that there is no ophthalmologic contra-indication for this athlete to compete in the above mentioned sport**

- **Attachments added to this Medical Diagnostic Form :** ❑ No ❑ Yes: *see and check in page 3*

Name: _____

Medical Specialty: ***Ophthalmology*** , National Registration Number: _____

Address: _____

City:_____ Country: _____

Phone:_____ E-mail: _____

Date:_____/_____/_____ Signature:

Athlete: last name:_____ **first name :**_____

IV - ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM

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 a **full-field test** (80 or 120 degrees) and also, depending on the pathology a 30, 24 or 10 degrees central field test.

One of the following perimeters must be used: **Goldman Perimeter (with stimulus III/4)**, Humphrey Field Analyzer or Octopus (Interzeag) with equivalent isopter to the Goldman III/4

2. Additional medical documentation: Specify which eye conditions the athlete is affected and what additional documentation is added to the Medical Diagnostic Form.

The ocular signs must correspond to the diagnosis and to the degree of vision loss. If the 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 following table must be attached.

All additional medical documentation needs a short medical report, in English. When the medical documentation is incomplete or the report missing, the classification may not be concluded and the athlete cannot compete.

To be filled by Medical Doctor - Ophthalmologist

Eye condition	Additional medical documentation required
❑ Anterior disease	none
❑ Macular disease	▪ ❑ Macular OCT ❑ Right eye ❑ Left eye ▪ ❑ Multifocal and/or pattern ERG* ❑ Right eye ❑ Left eye ▪ ❑ VEP* ❑ Right eye ❑ Left eye ▪ ❑ Pattern appearance VEP* ❑ Right eye ❑ Left eye
❑ Peripheral retina disease	▪ ❑ Full field ERG* ❑ Right eye ❑ Left eye ▪ ❑ Pattern ERG* ❑ Right eye ❑ Left eye
❑ Optic Nerve disease	▪ ❑ OCT ❑ Right eye ❑ Left eye ▪ ❑ Pattern ERG* ❑ Right eye ❑ Left eye ▪ ❑ Pattern VEP* ❑ Right eye ❑ Left eye ▪ ❑ Pattern appearance VEP* ❑ Right eye ❑ Left eye
❑ Cortical / Neurological disease	▪ ❑ Pattern VEP* ❑ Right eye ❑ Left eye ▪ ❑ Pattern ERG* ❑ Right eye ❑ Left eye ▪ ❑ Pattern appearance VEP* ❑ Right eye ❑ Left eye
❑ Other relevant medical documentation added	▪ ❑ _____ ▪ ❑ _____ ▪ ❑ _____

***Notes for electrophysiological assessments (ERGs and VEPs)**:

Where there is a discrepancy or a possible discrepancy between the degree of visual loss and the visible evidence of the ocular disease, the use of visual electrophysiology can be helpful in demonstrating the degree of impairment.

Submitted electrophysiology tests should include: 1- Copies of the original graphics; 2- The report in English from the laboratory performing the tests, the normative data range for that laboratory, a statement specifying the equipment used and its calibration status. The tests should be performed according to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (http://www.iscev.org/standards/).