

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 Informat	tion										
Last name:											
First name:											
Gender: F	emale (_	Ma	le 🗖		1	Date o	of Birth:			
Sport:							IF regi	istration	ID		
NPC/NF:				IF registration ID (if applicable):				 			
Medical Informa Diagnosis:	ition										
Medical history:											
Age of onset:	_										
Anticipated futu	ire										
procedure(s): Athlete wears	_	_	c			Correc	tion.	Diaht.		 	
glasses:			yes	_	no	Correc	lion:	Right: Left:		 	
Athlete wears			yes		no	Correc	tion:	Right:			
contact lenses:			•					Left:			
Athlete wears ey prosthesis:	/e		right		eft						
Medication:											
Eye medications	6										
used by the athl											
Ocular drug alle	rgies:										
World Para Alpine Sk	iing										

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Athlete:

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

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) <u>and</u> 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* 				

Athlete:

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.

<u>Submitted data should include</u> 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 (<u>ERG</u>) 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 <u>Pattern ERG</u> tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A <u>Multifocal ERG</u> tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (<u>VEP</u>) 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 <u>Pattern appearance VEP</u> 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.

 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 Spe	ecialty:			
Registration	n Number:			
Address:				
City:	Country:			
Phone:	E-mail:			
Date:	Signature:			