CLASSIFICATION

Medical Diagnostics Form - Vision Impairment

Paralympics IRELAND

To be eligible for Para Sport an athlete must have an underlying medical diagnosis (Health Condition) that results in Permanent and Eligible Impairment (Standards A in the Paralympics Ireland National Classification Policy & Standards).
Paralympics Ireland reserves the right to request further information, if additional information is required.

Athlete Personal Details			
First Name:		Surname:	
Date of Birth:		Gender:	☐ Female ☐ Male

Contact Details (Parent/Guardian Details if under 18)			
Address:			
City:		County:	
Phone:		Email:	
Parent / Guardian Name:			

Sport Details	
Sport to be Classified In?	
How long involved in sport?	
Club:	
Coach:	
Number Training Sessions per Week:	
Length of Each Training Session:	
Number of Competitions in Last 12 Months:	
Other sports you would like to be classified in:	

Are you a member of Vision Sports Ireland?	
☐ Yes	☐ No

Data Protection Statement

Data Protection Statement:

This form should be sent directly to Paralympics Ireland. The data contained in this form is classed as sensitive personal data under the Data Protection National Classification Policy & Standards. Your express written consent is required in order to process and store this information (data), which you are providing by signing this form. The data will be held securely and will be used to administer your Request for Classification. It may be shared with Paralympics Ireland accredited National Classifiers. It may be used to assist in determining the allocation of a Sports Class and a Sports Class Status during the Athlete Evaluation Process.

You have the right to ask for a copy of all the classification information we hold about you. If you wish to exercise this right, please contact the Classification Coordinator at Paralympics Ireland (01 6251175). You will be asked to formally prove your ID before your data can be released.

For further information regarding the Data Protection Policy, please refer to the following website page: https://www.paralympics.ie/classification

Signature of the Athlete:

Sign: _____ Date:_____

Signature of Parent or Guardian (if under 18 years of age)

Sign: _____ Date: _____

Please return this form to:

Email

classification@paralympics.ie / Ana@paralympics.ie

Post

Ana Maia,
Classification Coordinator,
Paralympics Ireland
Irish Sport HQ,
National Sports Campus,
Blanchardstown, D15 DY62
Dublin 15.

Tel: +353 (1) 6251175
www.paralympics.ie

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 (if applicable): _____

NPC/NF: _____

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

Medication:

Eye medications used by the athlete:	
Ocular drug allergies:	

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) 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*

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.

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.

☐ **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:	