



# MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- 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 in VI Classification Manual.

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

To be filled by the National Federation

## I - ATHLETE INFORMATION (as passport data)

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 competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.**

\_\_\_\_\_  
 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  1<sup>st</sup> panel; CNC

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)

\_\_\_\_\_  
 -  
 -  
 -

### 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: \_\_\_\_\_

**E - Optical correction and prosthesis**

Athlete wears glasses:  No  Yes : { Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

Athlete wears contact lenses:  No  Yes : { Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

Athlete wears eye prosthesis:  No  Yes :  Right  Left

**F - Visual Acuity**

| <u>Visual Acuity</u> | Right eye | Left eye | Binocular |
|----------------------|-----------|----------|-----------|
| With correction      |           |          |           |
| Without Correction   |           |          |           |

Measurement Method:  LogMar  Snellen  Other: \_\_\_\_\_

Correction used  Glasses  Contact lenses  Trial lenses

Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

**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 (diameter) | 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: \_\_\_\_\_

To be filled by Medical Doctor - Ophthalmologist

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 **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  |
|--|--|--|
| <input type="checkbox"/>                         | Anterior disease                           | none   |
| <input type="checkbox"/>                         | Macular disease                            | <ul style="list-style-type: none"> <li><input type="checkbox"/> Macular OCT <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Multifocal and/or pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern appearance VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul> |
| <input type="checkbox"/>                         | Peripheral retina disease                  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Full field ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>  |
| <input type="checkbox"/>                         | Optic Nerve disease                        | <ul style="list-style-type: none"> <li><input type="checkbox"/> OCT <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern appearance VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>                   |
| <input type="checkbox"/>                         | Cortical / Neurological disease            | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pattern VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern appearance VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>   |
| <input type="checkbox"/>                         | Other relevant medical documentation added | <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>   |

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

Where there is 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/>).