How to fill out the Medical Diagnostics Forms

The IPC requires Medical Diagnostics forms (MDS) to be completed by the athlete’s physician or ophthalmologist to be internationally classified. These forms must be completed by the physician or ophthalmologist for the IPC to accept them. The forms must be filled in with Typed English.

Below are examples of what needs to go in each area. Please complete each area. If the forms are missing portions, they may be rejected.

For the Visual Impairments (VI), please see the attachments section.

In the Attachments section, any additional medical documentation for your impairment must be included when you send the forms to Sherrice Fox at Sherrice.Fox@usoc.org. Incomplete forms will be rejected and must be resubmitted with all of the correct information. The VI forms give good examples and explanations of what is required and the testing instruments that must be used to complete the tests. Please make sure everything is completed using the correct tests.

IPC Classification Appointments

Due to the large number of athletes requesting international classification from the U.S., not all athletes who submit MDS forms will be granted a classification appointment. The classification schedules are posted by the IPC shortly after the six week deadline. We will notify U.S. athletes when it has been posted. Any athletes who do not get an appointment will be added to a waitlist.

Your SDMS ID/IPC licensing number can be found at:
Athletics: http://www.paralympic.org/athletics/classification/masterlist
Shooting: http://www.paralympic.org/shooting/rules-and-regulations/classification/master-list

MDS Forms must be returned to Sherrice Fox at Sherrice.Fox@usoc.org or by fax (719) 866-2029, six (6) weeks prior to the competition they intend to be classified at.
Medical Diagnostics Form
for athletes with visual 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: Smith
First name: James
Gender: Female ☐ Male ☑
Date of Birth: Day/Month/Year
Sport: Sport you want classified for
NPC/NF: Country you will be representing
IF registration ID (if applicable):

Medical Information

Diagnosis:
Must be filled out by Ophthalmologist

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: Smith, James

Assessment of visual acuity and visual field

Visual Acuity

<table>
<thead>
<tr>
<th></th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>With correction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without Correction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of correction: Must be filled in
Measurement Method: Must be filled in

Visual Field:

<table>
<thead>
<tr>
<th>In degrees (radius)</th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Please specify which eye condition the athlete is affected by.

<table>
<thead>
<tr>
<th>Eye condition</th>
<th>Additional medical documentation required (see below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Anterior disease</td>
<td>none</td>
</tr>
<tr>
<td>☐ Macular disease</td>
<td>• Macular OCT</td>
</tr>
<tr>
<td></td>
<td>• Multifocal and/or pattern ERG*</td>
</tr>
<tr>
<td></td>
<td>• VEP*</td>
</tr>
<tr>
<td></td>
<td>• Pattern appearance VEP*</td>
</tr>
<tr>
<td>☐ Peripheral retina disease</td>
<td>• Full field ERG*</td>
</tr>
<tr>
<td></td>
<td>• Pattern ERG*</td>
</tr>
<tr>
<td>☐ Optic Nerve disease</td>
<td>• OCT</td>
</tr>
<tr>
<td></td>
<td>• Pattern ERG*</td>
</tr>
<tr>
<td></td>
<td>• Pattern VEP*</td>
</tr>
<tr>
<td></td>
<td>• Pattern appearance VEP*</td>
</tr>
<tr>
<td>☐ Cortical / Neurological</td>
<td>• Pattern VEP*</td>
</tr>
<tr>
<td>disease</td>
<td>• Pattern ERG*</td>
</tr>
<tr>
<td></td>
<td>• Pattern appearance VEP*</td>
</tr>
</tbody>
</table>
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 Electrophysiology 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 in sport, with the exception of ________________________________

Name: ____________________________________________________________
Medical Specialty: __________________________________________________
Registration Number: Medical ID or License number
Address: ___________________________________________________________
City: ___________________________ Country: _____________________________
Phone: _________________________ E-mail: _____________________________
Date: __________________________ Signature: _________________________

Must have Ophthalmologist Signature