

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>

Powerlifting: <http://www.paralympic.org/powerlifting/rules-and-regulations/classification/masterlist>

Swimming: <http://www.paralympic.org/swimming/rules-and-regulations/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 IF registration ID IPC number, UCI license, FEI
 NPC/NF: Country you will be representing (if applicable): membership, etc.

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

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: _____ Must be filled in

Measurement Method: _____ Must be filled in

Visual Field:

In degrees (radius)	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

Please specify which eye condition the athlete is affected by.

Eye condition	Additional medical documentation required (see below)
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none">▪ Macular OCT▪ Multifocal and/or pattern ERG*▪ VEP*▪ Pattern appearance VEP*
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none">▪ Full field ERG*▪ Pattern ERG*
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none">▪ OCT▪ Pattern ERG*▪ Pattern VEP*▪ Pattern appearance VEP*
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none">▪ Pattern VEP*▪ Pattern ERG*▪ Pattern appearance VEP*

Athlete: Smith, James

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.

<input type="checkbox"/>	I confirm that the above information is accurate.
<input type="checkbox"/>	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