

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 ☐ 1st panel;

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 ☐: _____

To be filled by Medical Doctor - Ophthalmologist

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 | Right eye: Sph. _____ Cyl. _____ Axis (°)
for visual acuity test: ☐ Contact lenses | Left eye: Sph. _____ Cyl. _____ Axis (°)
☐ Trial lenses

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 (radius)	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: _____

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	<input type="checkbox"/> Macular OCT	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Multifocal and/or pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern appearance VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
	<input type="checkbox"/> Peripheral retina disease	<input type="checkbox"/> Full field ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
	<input type="checkbox"/> Optic Nerve disease	<input type="checkbox"/> OCT	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern appearance VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
	<input type="checkbox"/> Cortical / Neurological disease	<input type="checkbox"/> Pattern VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern appearance VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
	<input type="checkbox"/> Other relevant medical documentation added	<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

*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/>).

- 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 the cone mediated systems. However, it does not 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 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 a 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.

IV - NOTES

- This Medical Diagnostic Form (MDF) with all attachments required is to be **uploaded in ISAS** (IBSA data base system) **only by the IBSA Member and 6 weeks prior** to the first classification day (<http://www.ibsasport.org/isas>).
- **Pages 1 and 2 of this MDF are mandatory to upload. Page 3 is only needed when checked by the doctor.** No need to upload page 4.
- **Only pdf. format is accepted.** Other formats will be deleted.
- **Name the files as:** Country (3 capital letters) _ Athlete last name and Capital letter of first name_ Medical document (MDF; VF; ERG; VEP; OCT ...) add r for report. **Examples:** GBR_TaylorJ_MDF.pdf / GBR_TaylorJ_VF.pdf / GBR_TaylorJ_ERG.pdf and GBR_TaylorJ_ERGr.pdf
- **Athletes without correct MDF will not be classified** (and cannot compete).
- **Athlete must carry to the Classification the originals of this MDF and all other required attachments, reports and relevant medical tests.**

If there are any questions or problems please contact IBSA Assist at ibsaassist@gmail.com