



## MEDICAL DIAGNOSTIC FORM ATHLETES WITH VISUAL IMPAIRMENT

Classification is integral to Para sport as it provides the structure for fair and equitable competition with the Paralympic Movement. Classification performs two critical functions:

1. The determination of which athletes are eligible to compete in Para sport; and
2. The grouping of eligible athletes into Sport Classes based on the extent to which their impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to the relevant sport.

Vision Impairment athletes must have (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition affecting the structure or function of the eye, optic nerve, optic chiasm, post chiasma visual pathways, or visual cortex of the brain resulting in reduced or no visual function even when using the best possible refractive or optical correction.

For eligibility to be assessed, please ensure this form is completed in full and the requested medical information is provided. If eligibility is identified, a Provisional (or temporary) Sport Class will be allocated as per individual Para sport Classification rules, or until an Athlete Evaluation is conducted in-person by a Classification Panel.

Please email the completed form and medical information to [classification@paralympics.org.nz](mailto:classification@paralympics.org.nz). Please note the form and attached medical documentation must not be older than 12 months at the time of the Athlete Evaluation.

### ATHLETE INFORMATION (TO BE COMPLETED BY THE ATHLETE)

Surname	
First Name(s)	
Gender	
Date of Birth	
Address	
Email	
Contact Number	

**MEDICAL INFORMATION (TO BE COMPLETED BY A REGISTERED OPHTHALMOLOGIST)****Diagnosis:** (must be supported by medical evidence demonstrating the cause of the Visual Impairment)

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**Medical History**

Age of onset		
Anticipated ocular procedures		
Athlete wears glasses Correction	Yes <input type="checkbox"/>	No <input type="checkbox"/> Right Left
Athlete wears contact lenses Correction	Yes <input type="checkbox"/>	No <input type="checkbox"/> Right Left
Athlete wears eye prosthesis	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Medications**

Eye medications		
Ocular drug allergies		

**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 (radius)	Right eye	Left eye

## ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM

### 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).

### Visual Acuity Test

All acuity measures are with best possible correction (glasses or contact lenses) irrespective of whether the athlete wears these in competition.

Acuity should be measured by one of the following:

- LogMAR Chart with tumbling "E" and the Berkley Rudimentary Vision Test (Preferable)
- E.T.D.R.S. (Light House New York)
- Snellen Acuity test (only if no other test is available)

## ASSESSORS DECLARATION

- 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.

Name	
Medical Specialty	
Registration Number	
Address	
Country	
Email	
Contact Number	
Date	
Signature	

## ATHLETE DECLARATION

I declare the information submitted on this form to be a true and accurate reflection of my sporting history.

I understand that failure to give accurate information may result in me receiving an incorrect Sports Class.

I understand that I will receive a Provisional Classification according to the information that I submit to Paralympics NZ on this form. I understand that information from this classification form will be held by Paralympics NZ and my National Sporting Organisation who may share this information with other Regional, National and International organisations that are involved in my sport development.

I agree to having my photo taken and/or a video taken to support information for Classification purposes.

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**Signature of Athlete**  
(or guardian if under 18)

**Date**

**Please email forms back to:**

**Paralympics New Zealand**  
[classification@paralympics.org.nz](mailto:classification@paralympics.org.nz)

## PROVISIONAL CLASSIFICATION OUTCOME (TO BE COMPLETED BY PARALYMPICS NZ)

Please indicate from the best eye with best corrected vision

<input type="checkbox"/> <b>B1</b>	Visual Acuity is poorer than LogMAR 2.60. May have some light perception but unable to see shape of hand at any distance
<input type="checkbox"/> <b>B2</b>	Visual Acuity ranges from LogMAR 1.50 to 2.60 inclusive; and/or a Visual Field that is constricted to a radius of 5 degrees. (up to 2/60 vision)
<input type="checkbox"/> <b>B3</b>	Visual Acuity ranges from LogMAR 1.40 to 1.0 inclusive; and/or a Visual Field constricted to a radius of 20 degrees, (2/60 to 6/60 vision)
<input type="checkbox"/> <b>NE</b>	Visual Acuity less than LogMAR 1.0; and/or Visual Field greater than or equal to 40 degrees diameter.