PARA ARCHERY CLASSIFICATION

MEDICAL DIAGNOSTIC FORM – VISUAL IMPAIRMENT

To be completed electronically, in English, by a registered medical doctor.

Athlete information

First name:	Type your text.	**Last name:**	Type your text.
Date of birth:	Choose a date.	**Gender:**	Choose an item.
Member association:	Type your text.	**WA ID:**	Type your text.

Medical information

Data assessment completes: Type your text.			
Ocular prosthesis:	☐ Right	☐ Left	

Instruction: The athlete's national federation/National Paralympic Committee (NPC) is responsible for providing sufficient evidence of the underlying health condition (UHC) leading to vision impairment. Describe the below and provide medical documentation to help identify the structural or functional cause(s).

Describe UHC	**Right eye (RE)**	**Left eye (LE)**
Diagnosis(es):	Type your text.	Type your text.
Relevant examination findings:	Type your text.	Type your text.

Describe the affected anatomical site(s):	Type your text.	Type your text.
How does the condition(s) result in reduced visual function:	Type your text.	Type your text.
Age of onset:	Type your text.	Type your text.
Previous intervention(s):	Type your text.	Type your text.
Ocular medication(s):	Type your text.	Type your text.
Attached:	☐ Case summary report	☐ Other
Relevant systematic condition(s):	Type your text.	
Other impairments present:	☐ No ☐ Yes If "Yes", please describe: Type your text.	

Supporting documentation to explain UHT

Instruction: **Please detail the clinical findings which correspond to the diagnosis and the degree of vision loss**: Please tick the relevant boxes in the following table to indicate the attached documentation supporting the diagnosed **underlying health condition (UHC) leading to VI.**

Indicate the diagnosis(es)	**RE**	**LE**	**Mandatory/suggested documents**
☐ General (all athletes)	☐	☐	☐ Case summary report
☐ Anterior disease	☐	☐	☐ Corneal topography (e.g. Pentacam) ☐ Anterior segment OCT (AS-OCT)
☐ Macular disease	☐	☐	☐ Macular OCT * ☐ Multifocal and/or pattern ERG* ☐ VEP*

			☐ Pattern appearance VEP*
☐ Peripheral retina disease	☐	☐	☐ Full field ERG ☐ Pattern ERG*
☐ Optic Nerve disease	☐	☐	☐ Optic nerve OCT (RNFL/GCC analysis as required) ☐ Pattern ERG* ☐ Pattern VEP* (pattern appearance as required) ☐ Flash VEP ☐ Pattern appearance VEP*
☐ Cortical / Neurological disease	☐	☐	☐ Pattern ERG* ☐ Pattern VEP* (pattern appearance as required) ☐ Flash VEP* ☐ Pattern appearance VEP* ☐ Neurological imaging (as required)
☐ Other relevant medical documentation added (*further describer on page 3)	☐	☐	☐ Fundus photography ☐ Fundus autofluorescence (FAF) ☐ Ultrasound/B-scan imaging ☐ _____

Assessment of visual acuity

Visual Acuity (VA): When possible visual acuity should be determined, **using optotypes at an appropriate testing distance**, rather than methods such as counting fingers or hand movements.

	RE	**LE**	**Binocular**
Unaided VA			
Best correction VA			
Notation used: ☐ LogMar ☐ Snellen ☐ Decimal			
Please indicate which method of correction provides the **best corrected visual acuity** for this athlete: ☐ Glasses ☐ Contact lenses ☐ Others			

Refractive Correction: ☐	**Date refraction assessed:** Choose a date.

Instruction: Please provide the **most recent refractive error details**, as assessed to provide the best corrected vision. This must have been performed **within 12 months** of completing this document.

Spectacle RX (mandatory) Attached ☐	RE:	Contact Lens RE N/A ☐	RE:
	LE:		LE:
Other visual aids/tints: ☐ Yes ☐ No If "Yes", please provide details: Type your text.		Completed by: Type name. Signature:	

Declaration signed by member association physician or team doctor

☐ **I confirm that the information recorded in this form is accurate, based on recognised medical standards, and reflects the athlete's current visual status.**
Name: Type your name.
Medical specialty: Type your text.
Professional registration number: Type your text.
Country: Type your text.
Phone: Type your text.
Email: Type your text.
Date: Enter a date.

Signature:	

Attachments and instructions

Additional medical documentation

Please specify the athlete's exact eye condition diagnosis(es). The ocular signs must match the diagnosis(es) and degree of vision loss. If the condition is clearly visible and explains the impairment, no extra document is needed. Otherwise, the required documentation (see table) must be attached. Incomplete documentation will prevent sport class allocation.

Electrophysiological assessments (VEPs, ERGs)

If there is uncertain between the degree of vision loss and visible ocular findings, electrophysiology may help demonstrate impairment. Submission must include laboratory report with findings summary, detail of vision correction used, original data, normative ranges, equipment details and calibration status. Test should meet ISCEV standards (http://www.iscev.org/standards/).

Summary of electrophysiology tests

Full Field ERG: Assess whole retina, rod/cone function; not macular function.
Pattern ERG: Assess central retinal function (macular cones/retinal ganglion cells).
Multifocal ERG: Maps central retina (=50°).
VEP: Measures cortical response in V1; abnormal results require evidence of normal macular function.
Pattern Appearance VEP: Used to establish visual threshold up to V1.