



**MEDICAL DIAGNOSTICS FORM FOR ATHLETES  
WITH PHYSICAL IMPAIRMENT AND WITH VISUAL IMPAIRMENT**

The form is to be completed in English and by:

- The athlete’s individual physician for impairment type 1 to 8 (see Section 2); or
- A registered ophthalmologist for visual impairment (see Section 2).

All medical documentation required in Section 4 or 7 needs to be attached at the end of this form and uploaded on the IFSC result system together with the Licence request.

Please fill out the form legibly and in capital letters. Incomplete Applications will be returned and will need to be re-submitted. Athletes cannot receive a valid Licence until this Medical Form is properly completed and submitted.

**1. ATHLETE INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: Female  Male  Date of Birth (dd/mm/yyyy): \_\_\_\_\_

NPC/NF: \_\_\_\_\_ Country: \_\_\_\_\_

Sport: \_\_\_\_\_

**2. ELIGIBLE IMPAIRMENT TYPE**

Please select all the Eligible Impairment type(s) applying to the Athlete. Refer to the IFSC Classification Rules for full details.

- 1. Impaired Muscle Power
- 2. Impaired Passive Range of Movement
- 3. Limb Deficiency
- 4. Leg Length Difference
- 5. Short Stature (height: \_\_\_\_\_ cm)
- 6. Hypertonia
- 7. Ataxia
- 8. Athetosis
- 9. Visual Impairment

Please note that impairments other than the nine (9) Eligible Impairment types listed above are considered Not Eligible Impairments.

**NOTE:**

- For Impairment Type 1 to 8: *fill out and refer to Sections 3, 4, and 8.*
- For Visual Impairment: *fill out and refer to Sections 5, 6, 7, and 8.*



3. MEDICAL INFORMATION IMPAIRMENT TYPE 1 TO 8

3.1. Diagnosis: Description of the Athlete’s medical diagnosis and the loss of function this health condition results in:

[Empty box for medical diagnosis description]

Health condition is:  fluctuating  stable  permanent  progressive

3.2. Medical history

Impairment is:  acquired  congenital

If acquired, year of onset: \_\_\_\_\_ (yyyy)

Anticipated future procedure(s): \_\_\_\_\_

3.3. Medications

[Empty box for medication information]

4. ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM FOR IMPAIRMENT TYPE 1 TO 8

The athlete’s health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no Sport Class can be allocated by the Classification Panel, as stipulated in the IFSC Classification Rules.

Therefore, additional, recent and relevant medical documentation (in English language) has to be attached to this form if the athlete has:

- An impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- A complex or rare health condition, or multiple impairments;
- Limb deficiency (amputation or dysmelia) at the level of an ankle, knee, wrist or elbow joint (X-rays for the respective joints to be enclosed);
- A spinal cord injury (recent ASIA scale results to be enclosed);
- An impairment to Spine ROM (Spine XR to be enclosed)
- An impairment resulting in ataxia (Scale for assessment and rating Ataxia (SARA) scale to be enclosed)
- An impairment resulting in athetosis (Dyskinesia impairment scale (DIS) to be enclosed)
- One of the impairments resulting in hypertonicity (Hypertonia Assessment Tool (HAT)
  - Dystonia (Barry Albright Dystonia Scale, Burke-Fahn-Marsden Dystonia Rating Scale or DIS)
  - Spasticity (Modified Ashworth Scale or Australia Spasticity Assessment Scale for the relevant muscle groups)

If it is not possible to complete the above documentation associated with the impairment described please instead enclose a letter from a registered health professional stating that it was medically inappropriate to complete this assessment. The letter from the health professional should also include information that would suitably replace the assessment requested. Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

The IFSC and the Classification Panel may ask for further information to be submitted depending on the individual athlete’s health condition and impairment.



5. MEDICAL INFORMATION FOR VISUAL IMPAIRMENT

The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

5.1. Diagnosis: Description of the Athlete’s medical diagnosis and the loss of function this health condition results in:

[Empty box for medical diagnosis description]

Health condition is:  fluctuating  stable

5.2. Medical history for Visual Impairment

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

5.3. Medications

Table with 2 rows: Eye medications used by the athlete; Ocular drug allergies.

6. ASSESSMENT OF VISUAL ACUITY AND VISUAL FIELD

6.1. Visual Acuity

Visual acuity must be measured in LogMAR scale.

Table with 3 columns: (blank), Right eye, Left eye. Rows: With Correction, Without Correction.

Type of correction: \_\_\_\_\_

Measurement Method: \_\_\_\_\_

6.2. Visual Field

Table with 3 columns: In degrees (radius), Right eye, Left eye.

**7. ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM FOR VISUALLY IMPAIRED**

Additional, recent and relevant medical documentation (in English language) has to be attached to this form as described in Section 7.1 and 7.2.

**7.1. 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).

**7.2. 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"> <li>• Macular OCT</li> <li>• Multifocal and/or pattern ERG*</li> <li>• VEP*</li> <li>• Pattern appearance VEP*</li> </ul>
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"> <li>• Full field ERG*</li> <li>• Pattern ERG*</li> </ul>
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"> <li>• OCT</li> <li>• Pattern ERG*</li> <li>• Pattern VEP*</li> <li>• Pattern appearance VEP</li> </ul>
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"> <li>• Pattern VEP*</li> <li>• Pattern ERG*</li> <li>• Pattern appearance VEP*</li> </ul>

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.



**8. MEDICAL PRACTITIONER DECLARATION**

- I certify that the above-mentioned information is medically appropriate
- I certify that there is no contra-indication for this individual to compete at competitive level in the sport mentioned.

Name: \_\_\_\_\_

Medical Speciality: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Medical Practitioner:

Date: \_\_\_\_\_