

IVF ADAPTIVE PADDLING VISION QUALIFICATION FORM

Each visually impaired athlete must complete this form along with an Ophthalmologist or Optometrist. This form is based on the International Blind Sports Association form and is used to determine the athlete's sight classification. It is important to recognize that this classification is subject to verification by an IVF certified doctor or Classification Panel.

PERSONAL DETAILS

Last Name _____

First Name _____ Date of Birth: Yr _____ Mo _____ Day _____

Address _____ Male/Female: ___M ___F

Nationality _____

Medications (with Dosage) _____

TO BE COMPLETED BY OPHTHALMOLOGIST

Visual Acuity With Correction: Without Correction:

RE _____

LE _____

Visual Fields (if applicable)-Include copy with application

RE _____ (degrees)

LE _____ (degrees)

Date Signature of Ophthalmologist or Optometrist

Ophthalmologist or Optometrist Information

Name _____

Address _____

Phone _____

Fax _____

Competitor's Class: B1 B2 B3

INSTRUCTIONS FOR THE 3-CLASS SYSTEM

B1- No Light perception in either eye up to light perception but inability to recognize the shape of a hand at any distance or in any direction.

B2- From the ability to recognize the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 degrees.

B3- From visual acuity above 2/60 up to a visual acuity of 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees.

NOTES:

1. All classifications in best eye with best correction
2. Classifications should be done in an Ophthalmologic office.
3. Finger counting should be done with contrasting background
4. If the classification is based on a visual field defect, the athlete must bring a copy of the visual field test.
5. Visual field should be tested with equipment which allows determination in degrees, with a large object.