

MEDICAL DIAGNOSTIC FORM FOR ATHLETES WITH VISION IMPAIRMENT

WORLD CLIMBING

Background

The information provided serves as a pre-requisite for any athlete wishing to go through the Classification process for Athletes with Vision Impairment in order to potentially compete in Para sport.

The completed Medical Diagnostic Form for Athletes with Vision Impairment must not be older than 12 months at the time of the UHC Assessment, unless World Climbing determines otherwise.

World Climbing may determine that an Athlete does not need an updated Medical Diagnostic Form for Athletes with Vision Impairment when the Underlying Health Condition results in a Vision Impairment that is stable and has not fluctuated. Generally, Athletes must provide an updated Medical Diagnostic Form that must not be older than 12 months at the time of the UHC Assessment to ensure that any fluctuation in Vision Impairment resulting from the Underlying Health Condition is assessed with up-to-date Diagnostic Information.

How to complete this form

1. This form must be signed by an eye health care professional whose scope of practice must include the ability to diagnose and who is licensed and/or registered with the relevant regulatory authority in their jurisdiction (e.g. an ophthalmologist or optometrist).
2. This form must be completed in English
3. You are encouraged to fill in this form digitally. The original can be found online here: <https://www.worldclimbing.com/resources/competitions> under *Para Climbing Forms*
4. Refractive and Optical Correction Instructions:
 - Part A of this form must be completed by the eyecare professional testing the Athlete's refractive and optical correction. This may be an eyecare professional whose scope of practice does not include the ability to diagnose.
 - The details in Section 1 of Part A must be provided when the person completing the form is not the same eye health care professional completing Parts B-F below.
5. Acronyms used in this form for identifying each eye and both eyes are:
 - Right eye = RE
 - Left eye = LE
 - Both eyes = BE
6. Further notes and instructions for completing the form are provided in red below.

MEDICAL DIAGNOSTIC FORM FOR ATHLETES WITH VISION IMPAIRMENT

PART A: REFRACTIVE AND OPTICAL CORRECTION

Refractive and optical correction details must always be provided with the completed Medical Diagnostic Form for Athletes with Vision Impairment. Part A of this form must be completed by the eyecare professional testing the Athlete's refractive and optical correction.

Section 1: Refractive and Optical Correction Provider Details

The details in Section 1 must be provided when the person completing the form is not the same eye health care professional completing Parts B-F below.

The contact details provided may be used to contact you regarding the content of this form and the Classification of the Athlete.

Eyecare professional details:	
Family name:	
First name(s):	
Profession:	
Clinic/institution name:	
Clinic/institution address:	
Phone number:	
Email address:	
Signature:	
Date on which Part A of this form was completed:	

Athlete details:	
Family name:	
First name(s):	
Sport(s):	
Date of birth:	
Sport gender:	☐ Female ☐ Male

Section 2: Refractive and Optical Correction

Please provide the most up to date refraction (Rx) and optical correction.

Prescribed Rx or Refraction (mandatory)								Date:	
RE				LE				BE	
Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA	VA	
VA notation:		☐ Snellen ☐ Decimal ☐ logMAR ☐ other: _____							
Notes:									
Any other optical devices used in daily life and sport (e.g. aids/tints/prisms):									

Autorefraction Rx (optional)								Date:	
RE				LE				BE	
Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA	VA	
VA notation:		☐ Snellen ☐ Decimal ☐ logMAR ☐ other: _____							
Cycloplegia used:		☐ yes ☐ no							
Notes:									

Contact Lens Rx (mandatory when prescribed)								Date:	
RE				LE				BE	
Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA	VA	
VA notation:		☐ Snellen ☐ Decimal ☐ logMAR ☐ other: _____							
Contact lens type:									
Specialty lens details:		☐ attached							

PART B: EYE HEALTH CARE PROFESSIONAL AND ATHLETE DETAILS

The following sections must be completed by an eye healthcare professional who is currently licensed and/or registered with the relevant regulatory authority in their jurisdiction.

The contact details provided may be used to contact you regarding the content of this form and the Classification of the Athlete.

Eye healthcare professional details:	
Family name:	
First name(s):	
Profession:	
Ophthalmic specialty:	
Clinic/institution name:	
Clinic/institution address:	
License and/or registration number:	
Phone number:	
Email address:	
Form completion date:	

Athlete details	
Family name:	
First name(s):	
Sport(s):	
Date of birth:	
Sport gender:	☐ Female ☐ Male

PART C: HEALTH CONDITION DETAILS

Please describe the Athlete's Health Conditions (i.e. a disease (acute or chronic), disorder, injury, or trauma) related to Vision Impairment.

For each Health Condition listed, please provide supporting clinical evidence to help identify the structural or functional cause(s). A checklist is provided in Part D below.

Health Condition details related to Vision Impairment		
	RE	LE
Diagnosis(es) related to Vision Impairment:		
Indicate the abnormal clinical findings leading to Vision Impairment:		
Ocular medication(s) or implants:		
Age of onset and stability of condition:		
Counterindications to ophthalmic drops:		
Previous/future intervention(s) and associated dates:		
Relevant systemic condition(s):		
Other impairments:		

PART D: SUPPORTING DOCUMENTATION FOR HEALTH CONDITION(S)

Please explain how you arrived at the diagnosis(es) recorded in Part C above.

Areas of diagnosis(es) (check off the affected areas of the visual system):	
☐ Whole globe and neoplasia	☐ Macula and posterior pole
☐ Anterior segment	☐ Optic nerve and visual pathways
☐ Retina and choroid	☐ Other cortical or neurological
☐ Other: _____	
Explain how you arrived at the diagnosis(es) described in Part C above 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 documentation is needed.	

Supporting documentation (check off which documents are attached)		
Report	☐ Case summary report ☐ Fundus photography	☐ Oncology or histopathology testing ☐ Genetic testing report
Imaging	☐ Ultrasound/B-scan imaging ☐ Fundus autofluorescence ☐ Fluorescein angiography ☐ Corneal topography (e.g. Pentacam)	☐ Optic nerve OCT (RNFL/GCC analysis as required) ☐ Neurological imaging (as required) ☐ Anterior segment OCT (AS-OCT) ☐ Macular OCT
Electrophysiology*	☐ Full field ERG ☐ Pattern ERG ☐ Multifocal ERG	☐ VEP ☐ Flash VEP ☐ Pattern VEP (pattern appearance as required)
Other	☐ _____	

***Electrophysiological assessments (ERGs, VEPs):**

If there is uncertainty between the degree of vision loss and visible ocular findings, electrophysiology may help demonstrate impairment. Tests must comply with ISCEV standards (<http://www.iscev.org/standards/>).

Electrophysiological testing must be completed with best vision correction in place, which must be recorded.

Checklist of Electrophysiology requirements (indicate what is recorded on the electrophysiology report and what is not recorded):

Testing requirements	Recorded	Not recorded
Laboratory report with summary of findings		
Calibration status		
Equipment details		
Details of vision correction used		
Normative ranges		
Original data		
Dilation used		

PART E: ASSESSMENT OF VISUAL FUNCTION

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. Please avoid the use of additional acronyms that are not defined in this form.

Visual Acuity (VA)	RE	LE	BE
Unaided VA:			
Best corrected VA:			
Notation:	☐ Snellen ☐ Decimal ☐ logMAR		
Optotype used:			
Please indicate which method of correction provides the best corrected visual acuity and provide the refraction details:	☐ Glasses	☐ Contact lens	☐ Other
	RE: sph:_____ cyl:_____ axis:_____		
	LE: sph:_____ cyl:_____ axis:_____		

Visual Field (VF)

If restricted, attach the relevant plots and provide further details below. This must include monocular full-field test(s) (minimum 80°) and 30°, 24° or 10° central field, pathology dependent.

Visual Field (VF)	RE	LE	BE
Visual field instrument used:			
Refractive correction used:			
Field plot attached:	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Maximum seeing visual field diameter (with III4e stimulus or stimulus ≥ 10 dB):			

Contrast Sensitivity (CS)

Contrast sensitivity testing is only required for World Shooting Para Sport Athletes.

Chart type:	Testing Distance:	RE (logCS):	LE (logCS):

PART F: DECLARATION AND SIGNATURE

Section 1: Eye health care professional declaration

- I confirm that the information set out in this form is complete and accurate, based on recognised medical standards and reflects the Athlete's current vision.
- I confirm I verified the Athlete's identity with a valid identification document.

Printed name of eye health care professional

Eye health care professional signature

Date

Section 2: National Federation representative declaration

- I confirm that the eye health care professional is currently licensed and/or registered with the relevant regulatory authority in their jurisdiction.
- I confirm that all Diagnostic Information is complete, accurate, authentic, and relevant and that I will inform World Climbing of any changes to this information (see Classification Rules Appendix 2, Article III.5)

Printed name of National Representative

National Representative signature

Date

Section 3: Athlete declaration

- I confirm that all Diagnostic Information is complete, accurate, authentic, and relevant and that I will inform World Climbing (through my National Federation) of any changes to this information (see Classification Rules Article Appendix 2, Article III.5).

Printed name of Athlete

Athlete signature or fingerprint

Date

Printed name of parent/legal guardian (if applicable under national legislation)

Parent/legal guardian signature (if applicable under national legislation)

Date