



MEDICAL DIAGNOSIS FORM FOR VISUALLY IMPAIRED ATHLETES:

In order to be classified as an eligible athlete, it is necessary to complete this form together with the athlete's relevant medical information.

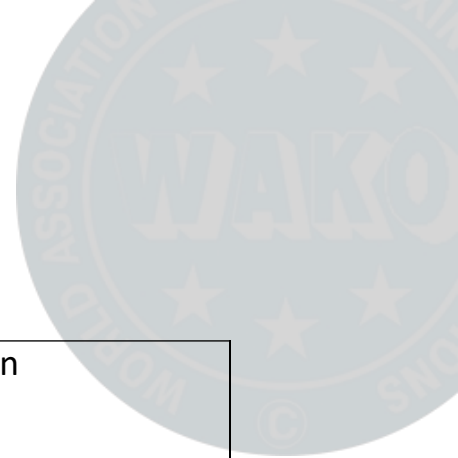
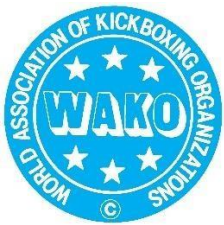
Should further information be required for a proper classification, the Federation reserves the right to request it. ___ reserves the right to request it.

The form must be completed by a registered medical practitioner.

The Athlete will not be able to obtain a classification until all requested information has been provided.

Full name	
Gender: <input type="radio"/> Female <input type="radio"/> Male	Date of birth:
Federation	Federative licence number
<u>Medical information (must be completed by a registered medical practitioner)</u>	
Medical diagnosis relevant pathologies (Health status)	





Ophthalmological visual medical diagnosis (performed by an ophthalmologist)

Optical correction and prosthetics

Athlete wears glasses	Yes	No	Right eye	Sph.	C&L	Axis °
			Left eye	Sph.	C&L	Axis °
The athlete wears contact lenses	Yes	No	Right eye	Sph.	C&L	Axis °
			Left eye	Sph.	C&L	Axis °
The athlete wears ocular prostheses	Yes	No	Right eye			
			Left eye			

Visual Acuity

	Eye right	Eye left	
With correction			
No correction			
Measurement method	Snellen	Teller	LogMar

Degrees of visual impairment

- 20/30 to 20/60: mild vision loss or near normal vision.
- 20/70 to 20/160: moderate visual impairment or moderate low vision.
- 20/200 to 20/400: severe visual impairment or severe low vision.
- 20/500 to 20/1000: near-total visual impairment or near-total blindness.
- Lack of light perception: total blindness.

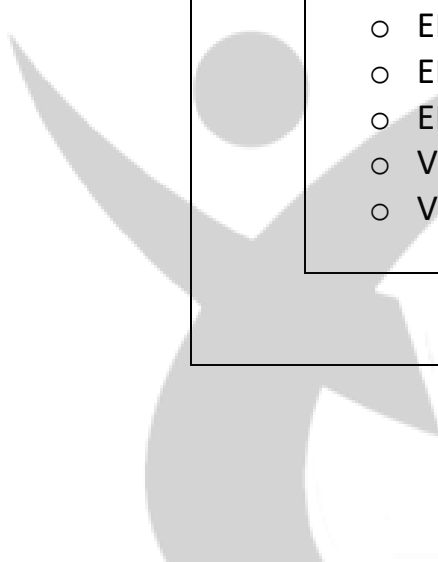


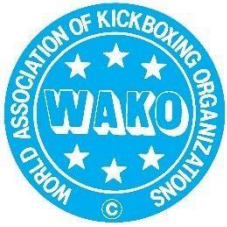
Visual performance, without correction	
Eye performance with the best possible correction	
Ocular refraction	
Field of vision limitation	

Diagnostic evidence to be attached

Pathological
<ul style="list-style-type: none">○ Anterior segment○ Macular retina○ Peripheral retina○ Optic nerve○ Cortical/neurological disease

Technical documents (test)
<ul style="list-style-type: none">○ Medical report only○ Colour photo previous segment○ Colour fundus photo○ Fluorescein retinal angiography○ OCT ocular ultrasound○ Macular OCT○ ERG Multifocal○ ERG Pattern○ ERG Complete field○ ERG VEP○ VEP pattern (visual evoked potentials)○ VEP pattern with objective VA





The Federation _____ belonging to WAKO (World Association of Kickboxing Organisations) reserves the right to request additional diagnostic information.

Eligible visual impairment:

V1	<ul style="list-style-type: none"><input type="radio"/> Totally blind<input type="radio"/> Does not perceive lights or perceive
V2	<p>lights but not shapes</p> <ul style="list-style-type: none"><input type="radio"/> Visual acuity from 2/60 to 6/60<input type="radio"/> Field of vision from 5 to 20

If you belong to one of the two eligible classes, point it out.

I confirm that the above information is true.

Name of doctor	Member no.
Medical speciality	Address
City	Province
Telephone	Email
Date.	Signature: