



## **Para-Archery Classification**

### **Medical Diagnostics Form (Athletes with Visual Impairment)**

WORLD ARCHERY  
FEDERATION  
FÉDÉRATION  
MONDIALE  
DE TIR À L'ARC

Maison du Sport International  
Avenue de Rhodanie 54  
1007 Lausanne, Switzerland  
Phone: +41 (0)21 614 30 50  
Fax: +41 (0)21 614 30 55  
E-mail: [info@archery.org](mailto:info@archery.org)  
[www.archery.org](http://www.archery.org)

This form must be completed in English by a registered ophthalmologist (or equivalent). All medical documentation required on pages 3-4 must be attached. This form and the attached medical documentation must not be older than 12 months at the time of the Athlete Evaluation.

As this form represents the first step in the classification process, the information provided must be honest, accurate, and verifiable. Successful completion of this form does not indicate that a classification will be performed. Rather, it provides a concise basis of discussion between the applicant and classification team regarding the applicant's potential for being successfully classified as a para-archery competitor.

The completed form must be submitted less than one year prior to classification scheduling.

The information provided on this form is essential to verify that the medical condition, disease, or injury that the applicant has sustained has a clear impact on their ability to function in the sport of archery.



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### Athlete Information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Gender: Female  Male  Date of Birth: \_\_\_\_\_

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

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

WORLD  
ARCHERY  
License No. \_\_\_\_\_

### Medical Information

Diagnosis:

### Medical history:

Age at 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



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**Medication:**

Eye medications used by the athlete:	
Ocular drug allergies:	

**Assessment of Visual Acuity and Visual Field**

**Visual Acuity**

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: \_\_\_\_\_  
 Measurement Method: \_\_\_\_\_

**Visual Field:**

In degrees (radius)	Right eye	Left eye

**Attachments to the Medical Diagnostic Form**

**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).

**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>



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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.

**I confirm that the above information is accurate, and I certify that there is no contra-indication for this athlete to participate in sport at a competitive level**

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

Medical Specialty: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature/Stamp: \_\_\_\_\_