PARA VA'A VISION QUALIFICATION FORM

IMPORTANT INSTRUCTIONS:

All visually impaired paddlers 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 paddler's sight classification. It is important to recognise that this classification is subject to verification by an IVF certified doctor or Classification Panel.

SECTION 1: PERSONAL DETAILS (To be completed by paddler)

Family Name (Last Name as per passport): _____

Given Name (First Name as per passport): _____

Preferred Name (to be called by) (Print): _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Sex: ☐ Male (M) ☐ Female (F)

Paddler Address: _____

Country: _____

Current Medications & Dosages: _____

SECTION 2: MEDICAL ASSESSMENT (To be completed by an ophthalmologist/optometrist)

1. Visual Acuity

Measurement	Right Eye (RE)	Left Eye (LE)
Without Correction	_____	_____
With Best Correction	_____	_____

2. Visual Fields (If applicable)

Please attach a physical copy of the visual field test to this application.

Right Eye (Degrees): _____
Left Eye (Degrees): _____

The examining practitioner should reference these criteria to designate the competitor's class.

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 a visual acuity of 2/60 and/or a visual field of less than 5 degrees.
B3: From a 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.

PROVISIONAL COMPETITOR CLASS (Tick One): ☐ **B1** | ☐ **B2** | ☐ **B3**

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 paddler must bring a copy of the visual field test.
5. The visual field should be tested with equipment which allows determination in degrees, with a large object.

Paddler Family Name: _____

By signing below, I certify that the clinical assessments detailed on this form are an accurate reflection of the paddler's visual capacity.

Practitioner's Name (Please Print): _____

Practitioner's Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

Clinic Address: _____

_____

_____

Telephone:_____

Email: _____