INTERNATIONAL GOLF FEDERATION

Underlying Health Condition Assessment Medical Diagnostic Information Form for athletes with Vision Impairment

This form must be completed in **English** by a registered ophthalmologist. All requested medical documentation on the following pages must be attached. The form and all attached medical documentation should be no more than 12 months old at the time of the UHC Assessment and Athlete Evaluation.

To be filled by the National Federation

To be filled by Medical Doctor - Ophthalmologist

Athlete Information

Last name: _____ First name: _____
Gender: ☐ Female ☐ Male Date of Birth: ____/____/____ Nationality: _____ Sport: _____
National Federation / National Paralympic Committee: Click or tap here to enter text.
ISAS registry:_____ SDMS (IPC):_____

☐ National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contraindications for the athlete to compete at a competitive level in the sport listed above. NPC/NF maintains all relevant medical and legal documents regarding this matter.

Previous Classification

Last National Classification: Year:_____ Class:☐ B1 ☐ B2 ☐ B3 ☐ Other
First International Classification: ☐ New or year: _____ Class: ☐ B1 ☐ B2 ☐ B3 ☐ NE
Last International Classification: Place: _____ Year: _____ Sport: _____
Actual International Classification Class and Status:
New ☐ or
Protest / Reclassification accepted ☐_____,
or Class: B1☐ B2 ☐ B3 ☐

Status: Review ☐ (next time) or Review Year ☐_____; NE ☐ 1s Panel; CNC ☐

Medical Information

Relevant systemic (non-ophthalmic) pathology and medical information

Yes ☐:_____

No ☐: _____

Visual, ophthalmic and associated diagnosis (short):

Please ensure to list everything.
-
-
-

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To be filled by Medical Doctor - Ophthalmologist

Ophthalmic medical data

Age of onset:_____At present: ☐ Stable in the last _____Years ☐Progressive
Anticipated future procedure(s): ☐ No ☐ Yes when: _____

Athlete: last name: _____ first name: _____

Eye medication and allergies

Ophthalmic medication used by the athlete: No ☐ Yes ☐:

Allergic reactions to ocular drugs: No ☐ Yes ☐:

Optical correction and prosthesis whilst competing

Athlete wears glasses: ☐ No ☐ Yes
Right eye: Sph._____Cyl._____Axis (º)
Left eye: Sph._____Cyl._____Axis (º)

Athlete wears contact lenses: ☐ No ☐ Yes
Right eye: Sph._____Cyl._____Axis (º)
Left eye: Sph._____Cyl._____Axis (º)

Athlete wears eye prosthesis: ☐ No ☐ Yes: ☐ Right eye ☐ Left eye:

Visual Acuity

Vision/Visual Acuity	Right eye	Left eye	Binocular
With correction			
Without correction			

Measurement Method: ☐ LogMar ☐Other: _____

Correction used for visual acuity test: ☐Glasses ☐Contact lenses ☐Trial lenses

Right eye: Sph._____Cyl._____Axis (º)
Left eye: Sph._____Cyl._____Axis (º)

Visual Fields

Equipment used:_____Pupil diameter:_____mm
Date:____/____/____

Periphery isopter	Right eye	Left eye	Binocular

Amplitude in degrees (Diameter)	Right eye	Left eye	Binocular

Field plots must also be submitted.

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To be filled by Medical Doctor - Ophthalmologist

☐ **I confirm that the above information is accurate and up to date.**
☐ **I certify that there is no ophthalmologic contraindication for this athlete to compete in the sport mentioned above.**

- Attachments added to this Medical Diagnostic Form: ☐ No ☐ Yes: (see and check page 3)

Name:_____
Medical Specialty: Ophthalmology, National Registration Number: _____
Address: _____
City: _____ Country: _____
Phone:_____ E-mail: _____
Date: _____/_____/_____ Signature:

Athlete: last name: _____ first name: _____

Attachments to the Medical Diagnostic Form (NB)

1. Visual field test

For all athletes with a restricted visual field, a test confirming the restriction must be attached to this form.

The athlete's visual field must be tested using a full-field test (120 degrees) and a central field test of 30 degrees, 24 degrees, or 10 degrees, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphry Field Analyser or Octopus (Interzeag).

2. Additional medical documentation (mandatory)

Please specify which eye condition the athlete is affected by and what additional documentation is added to the Medical Diagnostic Form.

Eye condition	Additional medical documentation required (see below)
☐ Anterior disease	none
☐ Macular disease	- Macular OCT ☐ Right eye ☐ Left eye - Multifocal and/or pattern ERG* ☐ Right eye ☐ Left eye - VEP* ☐ Right eye ☐ Left eye - Pattern appearance VEP* ☐ Right eye ☐ Left eye
☐ Peripheral retina disease	- Full field ERG* ☐ Right eye ☐ Left eye - Pattern ERG* ☐ Right eye ☐ Left eye
☐Optic Nerve disease	- OCT ☐ Right eye ☐ Left eye - Pattern ERG* ☐ Right eye ☐ Left eye - Pattern Appearance VEP* ☐ Right eye ☐ Left eye
☐ Cortical / Neurological disease	- Pattern VEP* ☐ Right eye ☐ Left eye - Pattern ERG* ☐ Right eye ☐ Left eye - Pattern appearance VEP* ☐ Right eye ☐ Left eye
☐ Other relevant medical documentation added	- ☐_____ - ☐_____ - ☐_____

The.ocular.signs.must.align.with.the.diagnosis.and.degree.of.vision.loss¡.If.the.eye.condition.is.clear.and.visible?explaining.the.loss.of.sight?no.further.medical.documentation.is.needed¡.Otherwise?the.additional.medical.documentation.specified.in.the.table.above.must.be.included.with.this.form¡.If.the.medical.documentation.is.incomplete?the.classifiers.will.be.unable.to.allocate.a.sport.class?and.the.athlete.will.not.be.eligible.to.compete¡

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Notes on electrophysiological assessments (VEPs and ERGs):

Where there is a discrepancy or a possible discrepancy between the extent 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 the equipment used and its calibration status. The tests should be performed in accordance with the minimum standards set by the International Society for Electrophysiology of Vision (ISCEV). A Full Field Electroretinogram (ERG) tests the function of the retina in response to brief flashes of light and can differentiate between function mediated by either the rod or cone systems. It does not, however, provide any indication of macular function.

Athlete: last name: _____ first name: _____

- A pattern ERG tests the central retinal function, driven by the macular cones but primarily originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approximately 50 degrees in diameter) and produces a topographical representation of central retinal activity.
- A Visual Evoked Cortical Potential (VEP) records the signal generated in the primary visual cortex (V1) in response to either a pattern stimulus or a pulse of light. An absent or abnormal VEP does not, on its own, indicate specific issues with the optic nerve or visual cortex unless normal central retinal function has been confirmed.
- A pattern appearance VEP is a specialised version of the VEP used to establish visual threshold, which can be utilised to objectively demonstrate visual ability to the level of the primary visual cortex.