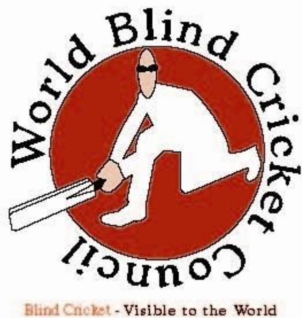

World Blind Cricket Council
Core Document 6. Reformatted August 2014

OFFICIAL EYESIGHT CLASSIFICATION

ASSESSMENT FORM

To the Ophthalmologist

I must stress that athletes have random eye tests at international competitions and can be reclassified or disqualified if that test does not match up with their medical certificate.

Please print clearly as vision impaired people may be reading this documentation.

Will you please carry out an examination of the bearer of this card using the form provided.

If this necessitates a field test, please provide a printout with this form.

Instructions

Part A To be fully completed by the athlete

Part B To be fully completed ONLY BY A QUALIFIED OPHTHALMOLOGIST

Part A – Athlete Details

Surname	
Given Names	
Date of Birth	
Sex (male or female)	
Residential address	
Street number	
Street name	
Suburb	
State or Province	
Country	
Post or zip code	
Contact phone number	
Email address	
Nationality	
Passport number	

Any medical condition	
Medication and dosage	

Affix Passport photograph in box below

Signature of athlete ______________________________________

Date ___________/___________/_____________

Part B – Athlete Medical Certificate

To be fully completed

ONLY BY A QUALIFIED OPHTHALMOLOGIST

SECTION 1 - TO BE COMPLETED BY THE OPHTHALMOLOGIST IN UPPER CASE PRINT

Surname of athlete being tested ___________________________

First names ____

EYE CONDITION____

PROGNOSIS (i.e. stable, variable, deteriorating, other)

____

MEDICATION____

____

____

DOSAGE____

____

____

PLEASE COMPLETE IN UPPER CASE PRINT DATE____________________

SURNAME____________________GIVEN NAMES _________________________

ACUITY

PLEASE CIRCLE THE APPROPRIATE MEASURE OR TICK BETWEEN ADJACENT MEASURES. FOR PLUSSES OR MINUSES

Codes;	**NLP**	**No Light Perception**
	LP	**Light Perception**
	HM	**Hand Movement**
	CF	**Count Fingers**

Right eye No Correction	Left eye No Correction	Right eye With Correction	Left eye With Correction
NLP	NLP	NLP	NLP
LP	LP	LP	LP
HM	HM	HM	HM
CF	CF	CF	CF
1/60	1/60	1/60	1/60
2/60	2/60	2/60	2/60
3/60	3/60	3/60	3/60
4/60	4/60	4/60	4/60
5/60	5/60	5/60	5/60

6/60	6/60	6/60	6/60
6/36	6/36	6/36	6/36
6/24	6/24	6/24	6/24
>6/24	>6/24	>6/24	>6/24

PLEASE COMPLETE IN UPPER CASE PRINT DATE____________________

SURNAME__________________GIVEN NAMES _________________

FIELD OF VISION IN DEGREES

PLEASE CIRCLE THE APPROPRIATE MEASURES

Right eye No Correction	Left eye No Correction	Right eye With Correction	Left eye With Correction
0 – 5’	0 – 5’	0 – 5’	0 – 5’
5 – 10’	5 – 10’	5 – 10’	5 – 10’
10 – 15’	10 – 15’	10 – 15’	10 – 15’
15 – 20’	15 – 20’	15 – 20’	15 – 20’
20 – 25’	20 – 25’	20 – 25’	20 – 25’
25 – 30’	25 – 30’	25 – 30’	25 – 30’
30 – 35’	30 – 35’	30 – 35’	30 – 35’
35 – 40’	35 – 40’	35 – 40’	35 – 40’
40 – 45’	40 – 45’	40 – 45’	40 – 45’
45 – 50’	45 – 50’	45 – 50’	45 – 50’

> 50’	> 50’	> 50’	> 50’

PLEASE COMPLETE IN UPPER CASE PRINT   DATE____________________

SURNAME__________________GIVEN NAMES _________________________

SECTION 2 – OPHTHALMOLOGIST DETAILS

TO BE COMPLETED BY THE OPHTHALMOLOGIST <u>IN UPPER CASE PRINT</u>

OPHTHALMOLOGIST	
Surname	
Given Names	
Professional Qualifications	
Address details	
Street number	
Street	
Suburb	
State or Province	
Country	
Post or Zip code	
Contact phone number	

Email address	
Business stamp or affix business card here	

SECTION 3 – OPHTHALMOLOGIST CERTIFICATION

Please read the following definitions so as to assist you in the certification of the athlete you have examined;

B1: No light perception in either eye up to light perception, but inability to recognise shape of a hand at any distance or in any direction.

B2: From ability to recognise the shape of the hand up to a visual acuity of 2/60 or visual field of less than five degrees in the better eye after correction.

B3: From visual acuity above 2/60 up to visual acuity of 6/60 or a visual field of less than 20 degrees in the better eye after correction.

Classification should be based on the best eye with the best correction.

Classification should be done in an Ophthalmological office.

I have carried out an examination on the following athlete;

SURNAME___________________GIVEN NAMES _________________

And it is my professional opinion based on my examination and the definitions above that the above named athlete best meets the definition of a B____

Any additional comments you may care to make

____

____

The examination was performed by me on______/______/_____

Signature of OPHTHALMOLOGIST ___________________________

Date __________/______________/________________

Thank you for your professional assistance and services.

SECTION 4 - TO BE COMPLETED BY THE WBCC SECRETARY GENERAL

Date received	
Date photocopied	
Date recorded	
Date returned	

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