

- To be **fully filled** in **CAPITAL LETTERS**, typed or **black ink**, in **English**. **All frames must be filled.**
- First page is to be completed **by the NF and/or athlete prior to Classification.**
- Must be given by the athlete to the classifiers at VI Classification.
- Page 3 (**Consent Form**) must be read before, but only signed by the athlete just before starting the Classification.

Event: _____ **Sport:** _____

Location: _____ **Competition dates:** _____ to _____ / _____ / _____
Days Month Year
I - ATHLETE INFORMATION (as passport data)

Last name: _____		First name: _____	
Gender: Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth: ____/____/____	Nationality: _____
Sport: _____, NPC/NF: _____, ISAS registry: _____, SDMS (IPC): _____			
<input type="checkbox"/> Athlete and/or National Federation (NF) certifies that the World Triathlon document named "Athlete's Agreement" was signed previously to this V.I. Classification.			
_____	_____	_____	
<small>Name (stamp)</small>	<small>Signature</small>	<small>Date</small>	

II - PREVIOUS CLASSIFICATIONS

Last <u>National Classification</u> : Year: _____		Class: B1 <input type="checkbox"/>		B2 <input type="checkbox"/>	B3 <input type="checkbox"/>	Other <input type="checkbox"/>
<u>International Classifications, first time</u> : Year: _____		Class: B1 <input type="checkbox"/>		B2 <input type="checkbox"/>	B3 <input type="checkbox"/>	NE <input type="checkbox"/>
<u>Last International Classification</u> : Place: _____, Year: _____, Sport: _____						
Actual International Class and Status: New <input type="checkbox"/> or Protest / Reclassification accepted <input type="checkbox"/>						
, or Class: B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> Status: Review <input type="checkbox"/> (next time) or Review Year <input type="checkbox"/> _____; NE <input type="checkbox"/> 1 st panel; CNC <input type="checkbox"/>						

III - MEDICAL INFORMATION
A - Relevant systemic (non ophthalmologic) pathology and other medical information (see athlete's MDF):

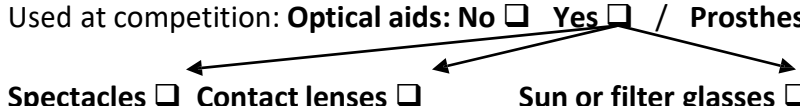
Yes <input type="checkbox"/> : _____

No <input type="checkbox"/>

B - Ophthalmic Information (short) (see athlete's MDF):

Visual, ophthalmic and associated diagnosis: _____	

Ophthalmic medication: No <input type="checkbox"/> Yes <input type="checkbox"/> : _____	

Allergic reactions to ocular drugs: No <input type="checkbox"/> Yes <input type="checkbox"/> : _____	
Used at competition: Optical aids: No <input type="checkbox"/> Yes <input type="checkbox"/> / Prosthesis No <input type="checkbox"/> Yes <input type="checkbox"/> : Right eye <input type="checkbox"/> Left eye <input type="checkbox"/>	
	
Spectacles <input type="checkbox"/> Contact lenses <input type="checkbox"/> Sun or filter glasses <input type="checkbox"/>	
Optical correction used: Right eye: Sph. _____ Cyl. _____ Axis (_____ °)	
Left eye: Sph. _____ Cyl. _____ Axis (_____ °)	

To be filled by the National Federation and Athlete before the Classification

Copy from MDF

Athlete: last name: _____ first name : _____ ISAS registry: _____

IV – CLASSIFICATION

AUTOREFRACTOR

Attached or: Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)

VISUAL ACUITY (FINAL) (Consider only the eye with better VA and best correction -Monocular)

	<u>RIGHT EYE</u>	<u>LEFT EYE</u>
<input type="checkbox"/> No optical correction		
<input type="checkbox"/> Autorefractor		
<input type="checkbox"/> Spectacles (see III-B)		
<input type="checkbox"/> Contact Lenses (see III-B)		

<u>PRELIMINARY TEST FOR VA</u>				
<u>No correction</u>		<u>With correction</u>		
		<u>STE</u>		
		<u>25M</u>		
		<u>40M</u>		
		<u>63M</u>		
		<u>100M</u>		

VISUAL FIELDS (Mandatory doing at Classification when Final Classification is based on VF) EYE:

	<u>RIGHT EYE</u>	<u>LEFT EYE</u>
- Attached Visual Fields	<input type="checkbox"/>	<input type="checkbox"/>
- Diameter		

ATTACHED DOCUMENTS: No Yes What: _____

COOPERATION: Very good Good Poor : _____

OTHER COMMENTS: _____

V - FINAL CLASSIFICATION DECISION

CLASS: B1 B2 B3 NE - 1st / 2nd panel CNC

STATUS: Confirmed Review (next time) Review 2 Years (Year _____) Review 4 years (Year _____)

NEEDED FOR A NEXT CLASSIFICATION: Visual Fields Electrophysiology of vision OCT other: _____

CLASSIFIERS:

Name (stamp) Signature Date

Name (stamp) Signature

ATHLETE: I acknowledge that the Classification decision has been discussed with me.

Name (capital letters) Signature

To be filled by accredited International Classifiers at the VI Classification moment

To be filled by the National Federation and signed by Athlete just before the Classification

Athlete: last name: _____ first name : _____ ISAS registry: _____

ATHLETE CONSENT FORM FOR EVALUATION ON VI CLASSIFICATION

1 - I agree to undergo the Athlete Evaluation process detailed in the IBSA Classification Rules & Procedures and administered by the designated classification team. I understand that this process will require me to participate in sport-like exercises and activities. I understand that there is a risk of injury in participating in exercises and activities and that I am healthy enough to do so. I also agree that if I am injured during the course of this classification process that I will hold IBSA blameless.

2 - I understand that Athlete Evaluation requires me to give my best effort, and that failure to do so may result in me being disqualified from competition. I also understand that discrepancies between the performances I demonstrate during the Athlete Evaluation process and that which I demonstrate during competition could also lead to my disqualification from competitions and/or a new classification process.

3 - I understand that a full Classification process is not restricted to the assessment by the classification panels.

4 - I understand that Athlete Evaluation is a judgment process and will agree to abide by the judgment of the Classification Panel. If I do not agree with the results of the Classification Panel, I agree to abide by the protest and appeals process as defined in the Classification Regulations.

5 - I agree to be videotaped and photographed during the Athlete Evaluation process that may include my activity on and off the field of play during the competition

6 - I agree and consent to collating and retaining my personal data in any format, including my full Name, Year of Birth, Sport, Sport Class and Sport Class Status, and I agree and consent to my Name, Country and Sport Class and Sport Class Status being published on the website.

THE ATHLETE:

Name (capital letters) Signature Date

Parent / Guardian (mandatory if the Athlete is under eighteen (18) years of age)

Name (capital letters) Signature Date

Detach and give to the athlete after Classification

ATHLETE last name: _____ **First name:** _____ **Nationality:** _____

ISAS (IBSA) registry: _____ **Sport:** _____ **Classif. Local:** _____ **Year:** _____

VI - FINAL CLASSIFICATION DECISION

CLASS: B1 B2 B3 NE - 1st / 2nd panel CNC
STATUS: Confirmed Review (next time) Review 2 Years (Year _____) Review 4 Years (Year _____)
NEEDED FOR A NEXT CLASSIFICATION: Visual Fields Electrophysiology of vision OCT other: _____

CLASSIFIERS:

Name (stamp) Signature Date

Name (stamp) Signature

To be filled by the Classifiers