**MEDICAL DIAGNOSTIC FORM (MDF) FOR SAMBO ATHLETES WITH VISUAL IMPAIRMENT**

**I - ATHLETE INFORMATION** (as in National Identification Card or Passport)

Last name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Gender: Female □ Male □ Date of Birth: dd / mm / yyyy

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

Sport: **SAMBO** The National Federation (NF) certifies that there are no health risks and contra-indications for the athlete to compete at a competitive level in the above sport. NF keeps all the relevant medical and legal documents regarding this.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: dd / mm / yyyy

Name signature

**II - PREVIOUS CLASSIFICATIONS**

Sport: **SAMBO**

Last National Classification: Year: \_\_\_\_\_\_\_\_\_\_ Class: SVI-1□ SVI-2□

Last International Classification: Year: \_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current International Classification: New □ | CNC □ | Protest or Reclassification accepted □

International Classification for other Sports: No□ Yes□:

Sport: \_\_\_\_\_\_\_\_\_\_\_ Last Class: \_\_\_\_\_Year: \_\_\_\_\_\_\_\_

**III - MEDICAL AND OPHTHALMOLOGIC INFORMATION**

***A - Relevant systemic (non-ophthalmic) pathology and other medical information:*** No□ Yes□: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***B - Eligible visual impairment:*** Yes□:

Diagnosis (underlaying health condition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***C - Other visual, ophthalmic and associated diagnosis (short):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***D - Other ophthalmic / medical information:*** Age of onset: \_\_\_\_\_

At present: Stable□ on the last \_\_\_\_ years

Progressive□ | Anticipated future procedure(s): No□ Yes□:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_when:\_\_\_\_\_\_\_\_\_\_\_

***E - Eye medication and allergies: Ophthalmic medication used by the athlete:***

No□ Yes□: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic reactions to ocular drugs: No□ Yes□: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***F - Optical correction, prescriptions and prosthesis in regular life***

|  |  |  |
| --- | --- | --- |
| Glasses: No□ Yes□:  Year of last prescription:  \_\_\_\_\_\_ | |  | | --- | | Right eye: Sph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cyl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Axis ( )  Left eye: Sph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cyl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Axis ( ) | |
|  |  |
| Contact lenses: No□ Yes□: Year of last prescription: \_\_\_\_\_\_ | |  | | --- | | Right eye: Sph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cyl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Axis ( )  Left eye: Sph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cyl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Axis ( ) | |

Eye prostheses: No□ Yes□: Right eye□ Left eye□

Filters or other optical devices: No □ Yes □: Right eye □ Left eye□ What: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***G - Visual Acuity (Mandatory to test monocular, with and without the best optical correction possible).***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measurement Method:  LogMAR □  Snellen □  Other□: \_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | --- | | **Visual Acuity** | Right Eye | Left Eye | | Without correction |  |  | | With correction |  |  | |

Correction used for testing VA:

Right eye: Sph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cyl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Axis ( o)

Left eye: Sph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cyl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Axis ( o)

Glasses □ Contact lenses □ Trial lenses □

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***H - Visual Fields (Mandatory to test each eye separately).***

Pupil diameter (valid >3mm):\_\_\_\_\_\_\_\_ mm Date: dd / mm / yyyy

Equipment: preferred is Goldmann □ Humphrey (FF120 test pattern) □ Octopus (07 test pattern) □;

Other□: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Isopter or stimulus tested: III/ 4e \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***J - Other tests and reports added to this MDF to support the Eligible Impairment and the Minimum Impairment***

Criteria for SAMBO competitions: No□

Yes□: what (check boxes in the tables:

Right eye□ Left eye□ Both eyes□

|  |  |  |
| --- | --- | --- |
| **Table 1.Pathologic areas** | **Table 2. Medical tests and documents** | |
| |  |  | | --- | --- | |  | Anterior segment | |  | Macular retina | |  | Peripheral retina | |  | Optic nerve | |  | Cortical / neurologic disease | | |  |  | | --- | --- | |  | Medical report only | |  | Anterior segment colour photo | |  | Fundus colour photo | |  | Retinal fluoresceine angiography | |  | Ocular echography | |  | OCT | |  | Macular OCT | | |  |  | | --- | --- | |  | ERG | |  | Multifocal ERG | |  | Pattern ERG | |  | Full field ERG | |  | VEP | |  | Pattern VEP | |  | Pattern VEP with objective VA | |

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IV – NATIONAL CLASSIFIER / OPHTHALMOLOGIST IDENTIFICATION**

□ I confirm that the above ophthalmic information is accurate and updated

□ I certify that there is no ophthalmologic risk or contra-indication for this athlete to compete in SAMBO

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

Medical Specialty: **Ophthalmology**

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

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Registration Number:\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: dd / mm / yyyy

signature

**Appendix: MEDICAL DIAGNOSTIC FORM (MDF) FOR SAMBO ATHLETES WITH VISUAL IMPAIRMENT**

**A – Important General Indications**

• Athletes without a valid classification are not allowed to compete in events credited by FIAS.

• It is up to the athlete and the National Federation (NF) to check there is no General

Health risk or contra-indicationsfor the athlete and to the opponent athletes, when competing in SAMBO.

• It is up to the athlete and the National Federation (NF) to provide enough evidence

regarding the athlete’s eligibility: - i.e. the Permanent Eligible Impairment and the Minimum Impairment Criteria. It should be clearly stated in the MDF showing the underlying health condition related with the eligible visual impairment and by an updated assessment of the visual acuity (VA) and/or the visual fields (VF) to give evidence of the minimum disability criteria. When required supportive medical documents other than the MDF must be provided.

• The MDF and other supportive medical documents must be in English and filled in with black ink and in capital letters (preferably type written). It needs to be signed and dated by an ophthalmologist, as well by the NF where it is indicated.

• All the supportive medical documents should have a medical report and it must be signed and show the athlete identification and the tested date. When the report is not in English, a type-written translation certified by the NF must be added.• The MDF, including the optical correction(s), and all other complementary medical documents must be less than 1 year old.

• Failing one of the above points excludesthe athlete from the Classification list and schedule. The athlete cannot compete.

• An athlete who has 3 successive findings of Classification Not Completed (CNC) receives automatic sport class of Not Eligible (NE).

**B - Medical and Technical Indications**

• The permanent Eligible Impairment, with the underlying health condition (diagnosis) needs to be clearly written in the MDF. Generic terms like «low vision» and «amblyopia» alone are not accepted for SAMBO classification. The MDF needs also to show a visual health condition compatible to the Minimum Impairment Criteria (with vision parameters that are determined and evaluated with the best optical correction on a better seeing eye: from the absence of light perception to visual acuity to 0.1 inclusive and / or VF equal or less than 20o diameter).

• Refractive errors without any other pathology are no considered as an Eligible Impairment.

• If the vision improves and/orthe changes the athlete must declare it before (6 weeks) any competition, even when the athlete already has a valid classification. An updated 1classification will be set.

• VA assessment: it is mandatory that the MDF shows the monocular vision from the independent eyes, all tested without and with the updated optical correction, and on the head

position giving the best vision. Use a Snellen decimal chart.

• Equipment’s accepted to test the VF are preferred the Goldmann Perimeter with III/4e stimulus, testing-at least 80o range (radius); the Humphrey Field Analyzer with FF120 pattern test, with III4e stimulus (intensity of 10dB) in the full range test; or the Octopus with 07 pattern test, also tested with III4e stimulus (intensity of 10dB) and full range test. The head position is the one giving the best fields.

• Only visual fields tested with a pupillary diameter of 3mm or over can be considered valid. When there is a smaller pupil a specific and detailed report by the ophthalmologist must be added, to be considered by the classification panel.

• In all of the allowed equipment, independent fields from the right eye and from the left eye must be tested separately. Consider the largest diameter (not the

radius), in any of the axis crossing the fixation point, adding all the seeing areas even if interspaced by scotomas.

• The ocular signs must correspond to the diagnosis and to the degree of the vision loss. If the eye condition is obvious and the visible pathology explains the loss of vision, no additional medical documentation is required. Otherwise, supportive medical tests always

with short reports in English are mandatory to support the Eligible Impairment and the Minimum Impairment Criteria for SAMBO competition.

The following tablesshow, but do not limit, some of the complementary medical teststhat could be required.

|  |  |  |
| --- | --- | --- |
| **Table 1.Pathologic areas** | **Table 2. Medical tests and documents** | |
| |  |  | | --- | --- | | A | Anterior segment | | B | Macular retina | | C | Peripheral retina | | D | Optic nerve | | E | Cortical / neurologic disease | | |  |  | | --- | --- | |  | Medical report only | | A | Anterior segment colour photo | | BCD | Fundus colour photo | | BCD | Retinal fluoresceine angiography | | BC | Ocular echography | | D | OCT | | B | Macular OCT | | |  |  | | --- | --- | |  | ERG | | B | Multifocal ERG | | BCDE | Pattern ERG | | C | Full field ERG | | B | VEP | | BDE | Pattern VEP | | BDE | Pattern VEP with objective VA | |

• Electrophysiological assessments (ERGs and VEPs): Where there is discrepancy or a possible discrepancy between the degree of visual loss and the visible evidence of the ocular disease, the use of visual electrophysiology can be helpful in demonstrating the degree of impairment. The visual electrophysiology tests should be performed according to the standards of ISCEV - International Society for Electrophysiology of Vision (http://www.iscev.org/standards/). Submitted electrophysiology tests should include:

1- Good copies of the original graphics. 2- Report in English from the laboratory performing the tests with the normative data range for that laboratory, the specific equipment used and its calibration status, the analysis of the tests performed, signed and dated by an electrophysiologist expert.

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 the cone mediated systems. However, it does not give any indication of the 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 the central retinal activity.

A Visual evoked cortical potential (VEP) records the signal produced in the primary visual cortex, (V1), in response to either a pattern stimulus or a pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless a normal central retinal function has been demonstrated.

A Pattern appearance VEP is a 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.

**C – Advice for the Classification Day.**

•All athletes must be ready to be classified in the first slot of the first classification day. If the athlete fails to attend an evaluation session risks to be allocated CNC- classification not completed.

• For the classification the athlete should be calm, cooperative, and rested. They must arrive at the classification location at least 30 minutes before the scheduled time (Different times appointed by the local organizers may apply). A tired and non cooperative athlete is at risk of receiving CNC.

• The Classification schedule has priority over the training periods, weighing schedules and draws.

• Athlete must carry to the classification all the optical corrections they wear, either for daily living and/or for the sport practice and competition - glasses, contact lenses, filters … (as in the MDF). All must be updated – less than 1 year old, and with the original prescriptions.

• When assessed by the classification panel the athlete can be accompanied by one person and, if needed, by an interpreter. Both need to have the previous agreement from the athlete.

• Before starting the assessment by the International Classification panel, the athlete must sign the “Consent Form”, in fron of the classifiers or another designated classification person (testimony). The accompanying person and the interpreter (when needed) must also sign a “Confidential Commitment”. Please be fully informed and read those Forms before the classification day. Sign only at classification.

• When the classification is finished, the classifiers allocate a class and status, explaining and communicating it to the athlete. Classifiers and athlete must sign the Classification Form.

• Suspicions of fake or manipulated documents, misrepresentation by the athlete or the complicity of the accompanying person or interpreter will be submitted to further investigation. Penalties can apply.

• The outcome of the classification will be published in a designated area by a partial or final/total list, within the posted time. Protests need to be accepted by the Chief Classifier at the event and the panel to reassess the athlete can be or not at the same event. Until the reassessment the athlete is permitted to compete in the Sport Class that was the subject of the Protest but with Review status. Class Non Eligible (NE) and Classification Not Completed (CNC) cannot be protested.