BLINDNESS GRADING FORM FOR SPORTS COMPETITION

Blind Sailing
New Zealand™

PERSONAL DETAILS

Last Name _____

First Name _____

Address _____

_____

Nationality _____

Date of Birth _____

Male/Female _____

Medication _____

Dosage _____

Medication _____

Dosage _____

TO BE COMPLETED BY LOCAL EXAMINER

Visual acuity

	With correction	Without correction
RE	_____	_____
LE	_____	_____

Visual fields (if applicable)
Include copy with application!

RE	_____ (degrees)
LE	_____ (degrees)

_____   _____
Date   Signature of Ophthalmologist

Name _____

Address _____

Phone _____ Fax _____

Class _____

This form is based on the IBSA form and is used to determine the Athletes sight classification.

It is important to recognise that this classification is extremely important as the athlete's classification is subject to verification by an IBSA certified doctor.

INSTRUCTIONS FOR THE 3-CLASS SYSTEM

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

B2   From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 degrees.

B3   From 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.

All classifications in best eye with best correction.

Classifications should be done in an ophthalmological office.

Finger counting should be done with a contrasting background.

If the classification is based on a visual field defect, the athlete must bring a copy of the visual field test.

Visual field should be tested with equipment which allows determination in degrees, with a large object.