

INTERNATIONAL  
B L I N D  
S P O R T S  
F E D E R A T I O N

## **IBSA CLASSIFICATION MANUAL FOR CLASSIFIERS**

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## PREFACE BY THE IBSA PRESIDENT - Jannie Hammershoi

Dear IBSA Members

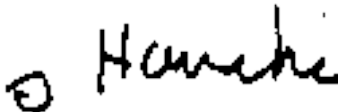
We would like to introduce our first IBSA Classification Manual for Classifiers compiled by our experienced classifiers Jose L Doria and our Medical Director Aspazia Vouza. It covers all aspects of classification procedure in IBSA and includes all new documentation that will be implemented in January 2017.

Classification is absolutely necessary for all athletes in IBSA: it ensures fairness and equality in IBSA competitions where athletes compete in 3 classes adapted to their visual abilities. Each sport class describes the athlete's activity limitation accurately.

We have produced three manuals:

- 1) IBSA Classification Manual for IBSA Members;
- 2) IBSA Classification Manual for Organisers of IBSA sanctioned competitions;
- 3) IBSA Classification Manual for VI Classifiers.

We are sure that this manual will be very useful to all VI classifiers who work tirelessly for our members, giving up their free time to volunteer at our competitions. We welcome feedback from all our classifiers.

 Jannie Hammershoi

## A NOTE FROM THE IBSA MEDICAL DIRECTOR – Aspasia Vouza

This updated manual has been developed by a large number of people from the VI community. From athletes to coaches and many others, comments derived from the old manual guidelines stimulated both positive and negative suggestions. All were reviewed and where changes were possible, they were entered into this new edition.

The purpose of classification cannot be repeated too many times. It is simple to ensure athletes are entered into international competitions as blind and/or deep low vision competitors, and secondly, in the correct class of their visual disability. In addition, a status is awarded according to the stability of their disease, the quality and cooperation of their classification, and the chances offered for a future visual rehabilitation. Classification is now a standardized instrument to attain these endpoints but visually disabling diseases do progress and / or improve, as do human responses to the classification process. There will always be inconsistencies in classification but they are now minimal and will continue to be decreased as classification becomes more sophisticated.

We encourage all members of the VI community to review this manual and to send changes and clarifications to [medical@ibsasport.org](mailto:medical@ibsasport.org) by 15 March 2017. To ignore its contents is to risk misunderstandings at classification venues. We all want an equitable environment where athletes can compete with full confidence that a fair classification process has been performed. Readers of this document will find they are more aware of details in classification and will also be aware of its strengths. Misunderstandings should diminish as we have seen with the present system when it was introduced years ago. But, further developments will occur with input from all stakeholders, and we encourage this from you all.



## IBSA and VI CLASSIFICATION

**IBSA – The International Blind Sports Federation was founded in 1981 and currently hosts about 130 members from all 5 Continents.** Its first constitution was legally formalized in 1985, but it has been revised and amended at several General Assemblies. Since 2014, IBSA's legal domicile has been at Adenauerallee 212-214, D-53113 Bonn, Germany. IBSA's main aim is to organize sports competitions and activities where blind and partially sighted can compete in equal conditions with their peers. This is achieved through the work of the governing bodies: the IBSA Executive Board, IBSA Management Committee, IBSA Sports Technical Committee, IBSA Medical Committee and the IBSA Subcommittees for each IBSA sport. (<http://www.ibsasport.org/history/>)

**It is important to note that IBSA hosts not only three of the paralympic sports (football 5 a side, goalball and judo), but also othersports for blind and partially sighted athletes (chess, nine pin and ten pin bowling, powerlifting, shooting, showdown, torball) not yet under the paralympic sports list. The International Paralympic Committee supervises these VI sports: athletics, swimming, alpine skiing and nordic skiing. Archery, cycling, equestrian, rowing, sailing and triathlon etc are under international independent federations.**

**IBSA advises all NFs to arrange at least, an annual evaluation of all their athletes even those "Confirmed" in international classification. Remember that international classification cannot be taken as a full medical assessment: responsibility regarding risks concerning general and visual health will as always remain under the National Federation.**

**Classification of visually impaired athletes provides a structure for competition and is undertaken to ensure that the athlete competes equitably with other athletes. It provides a systematic method for determining eligibility to compete and to group the athletes into "classes", according to their visual abilities, acting as the framework for competitions. IBSA V.I. Classification is supervised by the IBSA Medical Director, assisted by a Classification Committee with appointed classifiers from each Continent. Classifications are carried out by International V.I. Classification Panels, with IBSA and IPC accredited classifiers, appointed by the IBSA Medical Director.**

**Prior to competing in all IBSA Continental, Intercontinental or World Championships, all athletes must undergo IBSA Classification and athletes without a valid Sport Class and a Sport Class Status are not eligible to compete. From 2015 all athletes have required to be registered and licensed on the IBSA ISAS database where all classification documentation for every IBSA athlete is stored. In cooperation with IPC, IBSA and other independent Sport Federations are running a continuing process in order to guarantee a better, more objective and evidence based methodology of visual classification, leading in the near future to a sports-specific V.I. Classification. Although, reviewing and improving the current model of V.I. Classification is always a requirement, for better standardizing of the assessment of the visual acuity, visual fields and classification classes, the review periods are used.**

## **(1). IBSA - VI CLASSIFICATION PROCEDURES FOR SPORT EVENTS**

These procedures are to streamline and capture the full procedure for classification at IBSA events. The decision that classification will take place at an IBSA event is mandatory (at least 2 panels) at Continental, Intercontinental and World Games and/or Championships and is by request for other meetings and events. This procedure is in line with the procedure for bidding and awarding IBSA events and with the Classification procedures and Classification rules.

After the LOC has signed the contract for hosting the event:

- The Sports Committee and Local Organizers make a request to the IBSA Medical Director for classification at least 3 months prior to the event. It is strongly advised that a request is done before 15 November the previous year and later requests will have no priority or an IBSA guarantee to have available classifiers.
- In the request there must be all relevant information: name of the competition, place, classification and competition dates, number of classification panels required and also an estimation of the number of athletes to be classified.
- When dates are changed after the Medical Director has appointed the classifiers, the guarantee to have classifiers available is no longer viable and a penalty can incur as well for cancelled events.
- The Medical Director (with assistance from the Classification Administrator) sends out a letter to classifiers asking about their availability and together a schedule is made.
- The Medical Director appoints the classifiers and the Chief classifier and sends the confirmation to the specific Sports Committee, LOC and classifiers.
- Within 2 weeks after the classifiers have been appointed, LOC sends an invitation letter (e-mail) to all the classifiers, with a copy to the IBSA Medical Director and IBSA Classification Administrator and commences the arrangements).
- Cooperating with the Chief Classifier, the Classification Administrator contacts the LOC and makes a survey of locations and dates and provides the LOC with the criteria for classification as described in the IBSA Classification Rules and Procedures and IBSA Classification Manual.
- The LOC communicates (through their entries) with IBSA members regarding the registering and licensing of their athletes in the ISAS database in order to participate.
- Eight weeks before classification LOC sends the list of participants to the Classification Administrator, with a copy to the Medical Director and Chief Classifier.
- Participating member organisations have to register and license the athletes who will participate. This registration includes the upload of the Medical Diagnostic Forms (MDF) in the IBSA Sports Administration System (ISAS). The limit is 6 weeks before the first classification day.
- The Classification Administrator checks in ISAS to ascertain that all participants have a license and the MDF's are uploaded.
- The Classification Administrator advises the LOC those who are ready for classification.
- The Classification Administrator makes the classification schedule in cooperation with the Chief Classifier and the LOC.
- The Chief Classifier with the help of the other classifiers will check the MDF's in the database and other relevant data of the athletes who will be classified. He must send feed-back.

- **Classification takes place. Results of classification are directly administered by the Chief Classifier. The athlete receives a copy of the classification document. Daily classification lists are posted, with a specific posting hour stated in advance.**
- **The Chief classifier instructs the LOC to make copies of the daily classification results and of the Final Classification List. The final Classification List is posted and copies will be sent by e-mail to the IBSA Medical Director, Classification Administrator and the Competition Director.**
- **The Chief Classifier checks the Classification Forms and the Final Classification List and packs them in secure and water-proof envelopes to be sent by c o u r i e r by LOC to:**

**IBSA VI ASSIST  
Club Sportiv Lamont  
Strada Aurel Vlaicu 11/29  
400069 Cluj Napoca  
Romania**

- **IBSA Assist scan the original Classification Forms and upload them onto the individual athlete's files in the ISAS database. They also produce an updated Sport Classification Master List**
- **IBSA Members check for inconsistencies and errors in the Master List and report them to the Classification Administrator and Medical Director in order for it to be corrected.**

## (2). VI CLASSIFICATION - LOGISTIC PROCEDURES - Guidelines

ACTIONS		When	Who	To Whom	COMMENTS
<b>BEFORE CLASSIFICATION</b>					
Re f 1	Send full information regarding VI Classification equipment and facilities available to VI Chief Classifiers(ChC) [copy to IBSA Medical Director (MD) and IBSA Classification Administrator (CA)]	<b>8 weeks before</b> 1st Class. day	LOC	ChC, IBSA MD, IBSA CA	Floor plans of the rooms for classification with area lengths in meters must be included (see <b>Guidelines, Equipment..</b> )
2	Obtain a <b>List of Competitors</b> , by countries, and send it to the IBSA Classification Administrator	<b>6 weeks before</b>	LOC	IBSA CA	
3	Upload the MDFs and other relevant medical documents of the athletes to be classified onto the <b>ISAS</b> system	Limit: <b>6 weeks before</b> 1 <sup>st</sup> Classification day	NF		<b>MDF not complete and documents not in English or incorrectly uploaded will be refused.</b> (see ISAS rules)
4	Compare the list of Competitors with the IBSA Classification Master-List and remove names of athletes with a valid classification. Obtain a <b>Provisional Classification List</b>		IBSA CA		(see: Classification List)
5	In the Provisional Classification List delete the athletes <b>without</b> a valid MDF uploaded on the ISAS in time. <b>Inform LOC and IBSA Member about athletes excluded definitely because of missing MDF, and the corrections needed in incorrect uploads.</b>	<b>6 weeks before</b> 1st Class. day	IBSA CA	LOC, NF	Athletes with <b>missing MDF or not in English</b> are <b>excluded definitely</b> . Incomplete MDF or incorrect uploads are given 1 week <u>to be</u> corrected.
6	<b>Send the Provisional Classification List to Chief Classifier</b> (copy to IBSA Medical Director)	<b>6 weeks before</b> 1st Class. day	IBSA CA	ChC, IBSA MD	
7	<b>Chief Classifier</b> (with help from other classifiers) <b>starts checking MDF and medical documents and sending feedback</b> about additional needs and alerts.		ChC		Incomplete MDF will not be checked.
8	Correct the provisional Classification List with completed and corrected MDF uploaded. <b>Obtain a Final VI Classification List to send to the Chief Classifier, IBSA Medical Doctor, Local Organizers.</b>	<b>5 weeks before</b> 1st Class. day	IBSA CA	ChC, IBSA MD, LOC	<b>Provisional Competition List</b> must be the same as Final VI Classification List + athletes already with a valid classification
9	Chief Classifier keeps sending MDF feed-back to IBSA Classification Administrator. IBSA CA send it to NF /athletes in order that for them to have a better information when at classification.	Limit: <b>1 week</b> before 1 <sup>st</sup> Class. day	ChC	IBSA CA LOC NF	
10	Send <b>1st Draft of Classification Schedule</b> to Chief of Classification taking into consideration arrival of teams etc.	<b>4 weeks before</b> Class. starting	IBSA CA	ChC	<b>All athletes must be ready for classification for the 1st classification time.</b>
11	Correct and approve Classification Schedule	<b>3 weeks before</b>	ChC	IBSA CA	
12	Approve Final Classification Schedule and Classification Equipment, Areas and facilities.	<b>2 weeks before</b> Class. starts	ChC, IBSA CA	LOC	
13	Send Final VI Classification Schedule to NF and instructions about athletes transport to classification place.	<b>2 weeks before</b> Class. starting	LOC	NF	



CLASSIFICATION PERIOD					
14	Post the VI Classification Schedule at Hotels, Competition Desk and Classification local. (Can also be sent by mail to IBSA Member)		LOC		<b>Athletes must arrive at Classification location 30 minutes before time scheduled</b>
15	Post the transport timetable (when applicable) for Classification at Hotels, Competition Desk and Classification location. (Should also be sent by mail to I B S A M e m b e r s )		LOC		
16	Post the VI Classification Results ( <b>with posting hour</b> ) at Competition Desk and Classification Local. (Posting is mandatory but it can also be sent by e-mail)	After each Classification period (morning and afternoon)	ChC, LOC		<b>Protests have 1 hour to be presented</b> , after the 1st posting time of the Classification results where athlete is mentioned
17	Post Final Classification List at Competition Desk. Send it by mail to IBSA MD, IBSA CA and Competition Head	At end of Classification	ChC, LOC	IBSA MD, IBSA CA, CD	

AFTER CLASSIFICATION					
18	Check all Classification Forms and close it together with the Final Classification Results List in a secure and water-proof envelope. (see Guidelines:	Day after VI Classification finished	ChC	LOC	Chief Classifier needs to stay, half to 1 day more after the Classification ends.
19	Send envelopes to IBSA Assist Office, by Courier	<b>Week after Competition</b>	LOC	IBSA S	Envelopes must be sent by courier. Refund will be given by IBSA Treasurer
20	Send Report to Chief Classifier	<b>Prior to 1 week after</b>	ClS	ChC	
21	Send Final Classification Report	<b>2 weeks after Classification</b>	ChC	IBSA MD	
22	IBSA Assist scans the Classification Forms and uploads them in the ISAS system	Within 1 month	IBSA CA		
23	The IBSA Sport Classification Master List will be updated by IBSA Assist	<b>1 Month after Competition</b>	IBSA CA		
24	Check for possible inconsistencies and errors in the IBSA Sport Classification Master List and report them.		NF	IBSA CA, IBSA MD	Final updated Sport Classification Master List must be ready at least <b>2 months after the competition has ended</b>

### (3). VI CLASSIFICATION - AVAILABILITY AND ARRANGEMENTS WITH CLASSIFIERS - Guidelines

	CLASSIFIERS NEEDS / RULES	COMMENTS
Ref 1	<p>Consider: <b>1</b> classification <b>panel</b> (2 classifiers)/ <b>12 athletes</b> (maximum 15 athletes)/ <b>1</b> classification <b>day</b> (8 hours).</p> <p>Consider: With only 1 panel NE (Non Eligible) Protests cannot be solved in the same competition.</p> <p>At all <b>Continental, Intercontinental and World</b> Championships or Games, at least <b>2 panels are mandatory</b>.</p> <p>Competition sports results cannot be considered for the <b>sport rankings</b> when VI Classification was not available at the event.</p>	<p>Less than 12 athletes/day can be classified if a technician is not available to operate the visual fields equipment.</p> <p>A maximum of 12 athletes/day can be classified when an operator for the autorefractor is not available.</p> <p>Less than 12 athletes/day can be assessed when the daily travelling distances from the hotel, local meals and the classification location is over 1hr, in total.</p>
2	<p><b>LOCAL ORGANIZATION</b> (LOC) must cover <b>EXPENSES</b> for:</p> <p><b>Transport</b> (<u>home to home</u>): Flights; Ground transportation between classifiers' home and airport, hotel, local meals, classification site and competition venues</p> <p><b>Visas</b> (when needed)</p> <p><b>Accommodation</b>: (3 stars hotel or equivalent) in single room with private toilet and bath. Free wi-fi in hotel and in room is advisable</p> <p><b>Meals</b> (daily breakfast, lunch and dinner) from airport departure to arrival airport.</p> <p><b>PerDiem</b> - 25€/day considering home departure day to home arrival day</p>	<p>When expenses with home-airport transports (both ways) are in total over 40 € (or equivalent) classifier will inform LOC when starting the travel arrangements. Within 1 week after returning, the classifier will send a scanned copy of these bills and they must be reimbursed to the classifier in their national currency, within a week (all to be completed 2 weeks after the classifier returns home).</p> <p>All other travel and visa expenses supported in advance by the classifiers must be reimbursed (in cash or by bank transfer) before the first classification day and in the currency of the classifier's country. (With prior classifier agreement different currencies can be accepted.)</p> <p>Per diem can be given in local currency, always on the classifiers' arrival day.</p>
3	<p>Classifiers arrival to the hotel must be <u>1 full day prior</u> to the first Classification.</p> <p>Departure from hotel must be after <u>10 am</u>, the day after classification ends when a final classification period has been scheduled in the afternoon of the final day.</p> <p>All flights are in economy class and include 1 checked luggage (20kg). Train and bus travel are booked 1st class.</p>	<p>Different arrangements are possible with a previous agreement between LOC and the Classifiers. When beginning the travel arrangements classifiers will inform LOC when dietary or meals restrictions are required.</p>
4	<p>Chief Classifier, upon LOC consideration, may arrive 2 days prior to Classification in order to verify the classification facilities and equipment are sufficient.</p> <p>Chief Classifier must stay one full day after Classification ends.</p>	<p>Dependent upon the needs of the Chief Classifier..</p>
5	<p><b>IBSA</b> provides:</p> <p><b>Insurance</b> covering classifiers Travel, Accidents and Health, from home/departure to home/arrival airport. (See attached document)</p>	<p>Insurance is valid for all competitions (IBSA sports, IPC sports and Independent Sports) only when the Classifier was appointed by the IBSA Medical</p>

1 <sup>st</sup> ACTIONS: REQUEST and AVAILABILITY PROCEDURES		Limits/ When	Who	To Whom	COMMENTS
6	Send needs for classification with: <b>Sport, Local, Classification dates, Competition dates, N° of classification panels required</b> (1 panel= 2 classifiers). (see above A - D)	4-6 months before event	NF	IBSA MD	See <b>Request Form For Classification</b> * Requests sent after November have no priority, neither guarantee to have available
7	Send needs for classification to VI classifiers, asking about availability.	6 months before event	IBSA MD	Cls	See <b>Classification Calendar and Availability Form</b>
8	Availability for the VI Classification opportunities	3-4 months	Classifier	IBSA MD	See <b>Classification Calendar and Availability Form</b>
9	Inform IBSA CA, IF, NF, LOC and VI Classifiers about classifiers appointed to the competitions	Before 30 January	IBSA MD	IBSA CA, IF, NF, LOC, Classifiers	See <b>Classifiers Appointed for VI Classification Event</b> * <b>Chief Classifier</b> is also appointed.
10	<b>Minimum advance time for a request : 120 days</b> (3 months)				

2 <sup>nd</sup> ACTIONS: ARRANGEMENTS with CLASSIFIERS		When	Who	To Whom	COMMENTS
11	<b>Important information for Classifiers:</b> a) <b>Accommodation</b> , Hotel name, web link, phone and e-mail b) <b>Ground transportation</b> airport/hotel, what kind and duration c) <b>LOC Contact person</b> mobile phone, <b>contact person at airport</b> (in case of emergency) mobile phone. d) <b>Classification location</b> and <b>Number of athletes to be classified</b> (expected) (see Logistic guidelines)	<b>45 days before 1st Classification day. Always before flight booking.</b>	LOC	Cls, IBSA CA	Classifier must confirm with all transportation programs and accommodation before the final flight booking. * No final booking is done without a prior agreement between Classifier and LOC. Full ground transportation from arrival airport to hotel (and reverse) must be considered. Long connection times are not advisable. Tickets for ground transportation, need to be sent by LOC, at the same time of flight tickets.
12	<b>Classifier information</b> for LOC: a) Full name, address, e-mail, mobile phone (in case of emergency) b) Passport number (or national identity card) c) Departure and arrival airport d) Meals restrictions, Expenses for transportation - home/airport/home	<b>45 days before 1st Classification day. Always before flight booking.</b>	Cls	LOC	

**IMPORTANT NOTES**

13 Flight bookings for classifiers should never be later than 10 days prior to Classification .

14 \* **See also: Classification Logistic Process. Guidelines**

15 \* **IBSA reserves the right to withdraw an appointed classifier from a competition should the LOC not meet these rules and the minimum requirements.**

16 \* **Classifiers can refuse an appointment for VI Classification when dates change (travelling and/or classification dates) or the LOC does not follow the rules and requirements.**

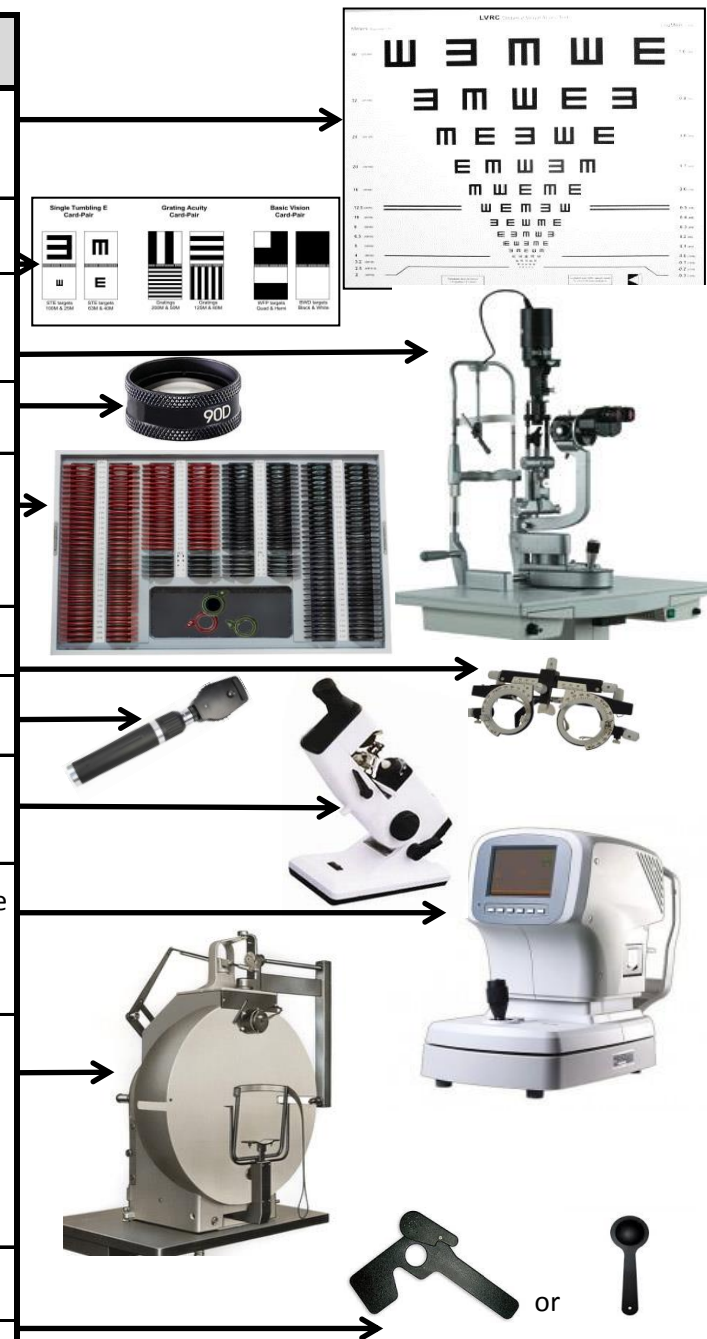
17 \* **Chief Classifier can cancel VI Classification at any time if the classification process does not meet the necessary requirements for equipment with the Classifiers appointed**

18 \* A penalty can apply when a NF or LOC cancels a request for VI Classification or does not send the feed-back to the IBSA Medical Director and to individual classifiers within 2 weeks after the classifiers have been appointed.

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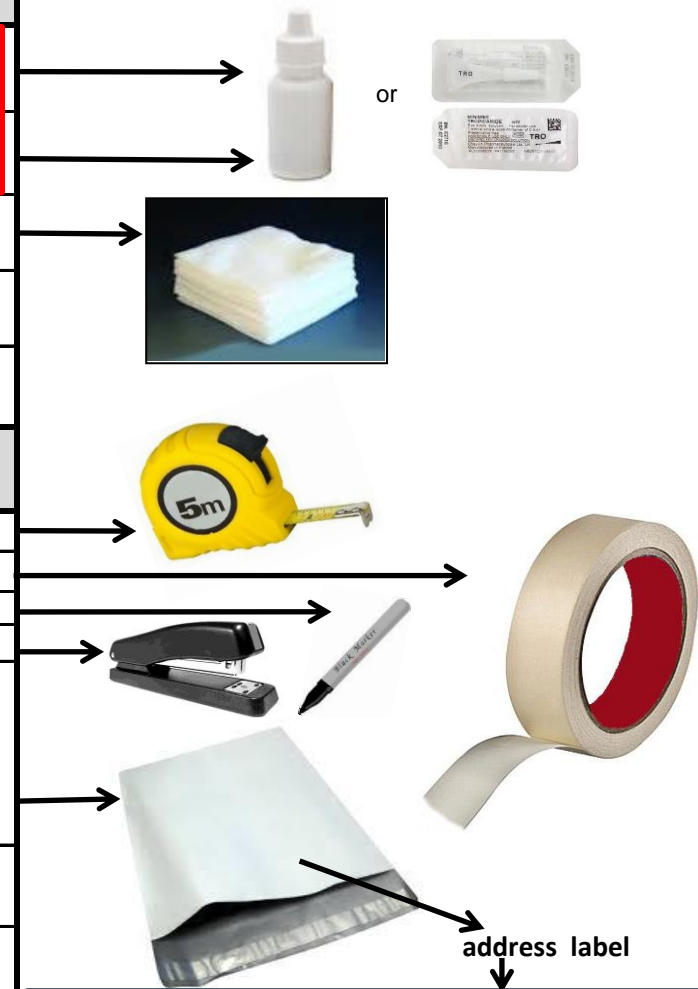
## (4) - VI CLASSIFICATION - EQUIPMENT, FURNITURE, AREAS AND STAFF - Guidelines

Ref	OPHTHALMIC EQUIPMENT	Each Panel	All Panels	Comments
1	LogMAR Test chart with illiterate E for distance visual acuity testing	1		Usually carried by the VI Classifiers. Wall visual acuity chart or projection visual acuity tests are not needed.
2	Berkeley Rudimentary Vision Test set (Single Tumbling Es -STE charts)	1		Usually carried by the VI Classifiers
3	Slit lamp	1		Static Slit lamp on a vertically adjustable table is required. Portable slit lamp is not suitable
4	Fundus lens (90D or 78D or Superfield or equivalent)	1		To be used with slit lamp
5	Set of trial lenses (with + and – spherical lens and astigmatic + and – cylinder lenses), 266pcs.	1		Full set of trial lenses is required. Small sets (~100pcs), with a limited range of spherical and cylinder lenses are not enough for high refractive errors.
6	Trial frame (for trial lenses) . Adult size	1		
7	Direct ophthalmoscope, portable (With charger or enough spare batteries)	1		Must be a good one with good and adjustable light intensity.
8	Lensmeter or focimeter (Automatic with printer is preferred) <i>*see staff / helping people</i>		1	For measuring lenses of athlete's glasses .
9	Autorefractor with printer <i>*see staff / helping people</i>		1 (for 2 or 3 panels)	Static autorefractor on a vertically adjustable table is suitable. Portable autorefractors are not good in some low vision situations.
10	Automated Perimeter : Goldmann VF Perimeter is preferred, Humphrey Field Analyser or Octopus Interzeag, can also be accepted.		1	<b>Mandatory:</b> The software in automatic perimeters must be for full range fields (80° or more), not only for central visual fields. The reference stimulus/isopter is Goldman III/4 or the equivalent on other equipment.
11	Gonioscope lens (Zeiss 4 mirror, Sussman or equivalent)		1	Gonioscope lens is desirable, but not essential
12	Eye occluder	1		



EYE DRUGS AND PHARMACY		Each Panel	All Panels	Comments
13	Tropicamide 0,5% - pupil dilating (topical eye drops)	1		Bottle or "individual minims"
14	Proparacaine 0.5% - anaesthetic (topical eye drops)	1		Bottle or "individual minims"
15	Disposable eye cleaning tissue/pads (small - 5x5 cm)	1 pack		
16	Hand cleaning liquid	1 bottle	2 bottles	Needed at panel rooms, waiting area, autorefractor and visual fields rooms.
17	Disposable (paper) towels	enough	enough	Needed at panel rooms, waiting area, autorefractor and visual fields rooms.
FURNITURE AND OTHER		Each Panel	All Panels	Comments
18	Tape (5 mt. or more)		1	Decimal metric system scale.
19	Adhesive white paper tape (painters type)		1	
20	Black marker		1	
21	Stapler		1	
22	Plastic envelopes. Waterproof, self-adhesive, for paper size A4 (210 × 297mm or 8.3 × 11.7 in,)		enough for all papers	All Classification Forms and other medical documents from classification must be packed and sealed by the chief classifier. To be sent by LOC to IBSA CA (By courier).
23	Computer (portable or desk) with internet access and printer. Paper	1		
24	Vertically adjustable table	1	2	1 in each panel room for the slit lamp. 1 for each autorefractor, 2 for the visual field equipment.
25	Vertically adjustable chair / bench	2	3	2 in each panel room for the slit lamp. 1 for the autorefractor, 2 for the visual field equipment.
26	Chairs	5	enough for the waiting area	
27	Writing tables	1	1	1 desk or writing table in each panel room 1 writing table in waiting area.

A medical prescription can be needed.



**IBSA VI Classification  
CLUB SPORTIV LAMONT  
Strada Aurel Vlaicu 11/29  
400069 Cluj Napoca  
ROMANIA**

**BY COURIER**

	ROOMS / AREAS	Each Panel	All Panels	Comments
28	Room with a minimum of 7mts. long and an open free area of 2 mt. large, in straight line. Calm area	1		Good and uniform light from ceiling (no shadows) with possible control of the luminosity (brightness of the light sources). On/off control in the room . No light from windows.
29	Room for the visual field tests.		1	Calm room, away of noisy areas. Control light to complete darkness is needed.
30	Small room for the autorefractor and lensmeter. Calm room and closer to panel rooms.		1	Dim permanent light. No light from windows.
31	Waiting area		1	No sunlight. Environment light similar to the classification panels rooms.
	STAFF / HELPING PEOPLE	Each Panel	All Panels	Comments
32	Accredited International VI Classifiers	2		Appointed by IBSA Medical Director. A minimum of 2 panels (4 classifiers) is <b>mandatory</b> for Continental, Intercontinental, World and Paralympic games.
33	Technician for Visual Field tests		1	To operate the Visual Field equipment. Must speak English.
34	Operator for autorefractor and lensmeter		1	Automatic autorefractors are easy to operate (like a photo camera).The same for automatic lens meter with printer. Without an operator to do it the classifiers can do it, but it delays the classification. English speakers essential.
35	Volunteers		2	Helping people for communication with LOC, coordination of the waiting area and the athlete's transports, etc. Must speak English.

25cm BASIC VIS ↓	← DISTANCE → GRATINGS ↓	25cm	← DISTANCE → E's ↓	25cm	50cm	80cm	1,00m	1,25m	1,60m	2,00m	2,50m	3,20m	4,00m	5,00m	6,30m			
NLP	200 M	2.9	100 M	2.6 0,0025 2,6020	2.3 0,0050 2,3010	2.1 0,0080 2,0970	2.0 0,0100 2,0000	1.9 0,0125 1,9030	1.8 0,0160 1,7960	1.7 0,0200 1,6990	1.6 0,0250 1,6020	1.5 0,0320 1,4950	1.4 0,0400 1,3980	1.3 0,0500 1,3010	1.2 0,0630 1,2000			
LP	125 M	2.7	63 M	2.4 0,0040 2,4010	2.1 0,0079 2,1000	1.9 0,0127 1,8960	1.8 0,0159 1,7990	1.7 0,0198 1,7020	1.6 0,0250 1,5950	1.5 0,0317 1,4980	1.4 0,0396 1,4010	1.3 0,0510 1,2940	1.2 0,0640 1,1970	1.1 0,0794 1,1000	1.0 0,1000 1,0000			
BWD	80 M	2.5	40 M	2.2 0,0063 2,2040	1.9 0,0125 1,9030	1.7 0,0200 1,6990	1.6 0,0250 1,6020	1.5 0,0313 1,5050	1.4 0,0400 1,3980	1.3 0,0500 1,3010	1.2 0,0625 1,2040	1.1 0,0800 1,0970	1.0 0,1000 1,0000	0.9 0,1250 0,9030	0.8 0,1580 0,8030			
WFP	50 M	2.3	25 M	2.0 0,0100 2,0000	1.7 0,0200 1,6990	1.5 0,0320 1,4950	1.4 0,0400 1,3980	1.3 0,0500 1,3010	1.2 0,0640 1,1940	1.1 0,0800 1,0970	1.0 0,1000 1,0000	0.9 0,1280 0,8930	0.8 0,1600 0,7960	0.7 0,2000 0,6990	0.6 0,2520 0,5990			
<b>B1</b>		<b>B2</b>	← CLASS. →	<b>B2</b>			<b>B3</b>					<b>NE</b>						
VIS. FIELD ↓	No VF	∅ < 10°		(R < 5°)			∅ > 10° to < 40°					(R > 5° to < 20°)				∅ > 40°		(R > 20°)

NLP= No Light Perception  
LP = Light Perception

BWD= Black White Discrimination (cards all black / all white)  
WFP= White Field Projection (cards half-black half-white / white quadrant)

Limit B1- unable to recognize single tumbling E 100M at 25cm. (LogMAR 2.6 is out)

\* The STE is the task used to determine the B2/B1 boundary .

Limit B2- unable to recognize single tumbling E 25M at 1meter. (LogMAR 1.4 is out)

\* The STE is the task used to determine the B3/B2 boundary and confirmed with LogMar ACUITY CHART(big)

Limit B3- unable to recognize LogMar 0.9 on the chart = 32M LogMAR chart at 4 meters. (LogMAR 0.9 is out)

\* LogMar ACUITY CHART (big) is mandatory to determine "good VA" border of the B3 range (boundary B3/NE)



Distance (meters)	0,25	0,5	0,8	1	1,25	1,6	2	2,5	3,2	4	5	6,3	Class	
200	B1 2,9 0,0013 2,903	2,6	2,4	2,3	2,2	2,1	2,0	1,9	1,8	1,7	1,6	1,5	B1	
125		2,7 0,002 2,699	2,4	2,2	2,1	2,0	1,9	1,8	1,7	1,6	1,5	1,4	1,3	B2
100	B2	2,6 0,0025 2,602	2,3	2,1	2,0	1,9	1,8	1,7	1,6	1,5	1,4	1,3	1,2	B3
80		2,5 0,0031 2,505	2,2	2,0	1,9	1,8	1,7	1,6	1,5	1,4	1,3	1,2	1,1	
63		2,4 0,004 2,401	2,1	1,9	1,8	1,7	1,6	1,5	1,4	1,3	1,2	1,1	1,0	
50		2,3 0,005 2,301	2,0	1,8	1,7	1,6	1,5	1,4	1,3	1,2	1,1	1,0	0,9 0,126 0,9	
40		2,2 0,0063 2,204	1,9	1,7	1,6	1,5	1,4	1,3	1,2	1,1	1,0	0,9	0,8 0,158 0,803	
32		2,1 0,0078 2,107	1,8	1,6	1,5	1,4	1,3	1,2	1,1	1,0	0,9	0,8	0,7 0,197 0,706	
25		2,0 0,01 2,0	1,7	1,5	1,4	1,3	1,2	1,1	1,0	0,9	0,8	0,7	0,6 0,252 0,599	
20		1,9 0,0125 1,903	1,6	1,4	1,3	1,2	1,1	1,0	0,9	0,8	0,7	0,6	0,5 0,315 0,502	
16		1,8 0,0156 1,806	1,5	1,3	1,2	1,1	1,0	0,9	0,8	0,7	0,6	0,5	0,4 0,3938 0,405	
12,5		1,7 0,02 1,699	1,4	1,2	1,1	1,0	0,9	0,8	0,7	0,6	0,5	0,4	0,3 0,504 0,298	
10	1,6 0,025 1,602	1,3	1,1	1,0	0,9	0,8	0,7	0,6	0,5	0,4	0,3	0,2 0,63 0,2	NE	
8	1,5 0,313 1,505	1,2	1,0	0,9	0,8	0,7	0,6	0,5	0,4	0,3	0,2	0,1 0,788 0,104		
6,3	1,4 0,0397 1,401	1,1	0,9	0,8	0,7	0,6	0,5	0,4	0,3	0,2	0,1	0 1,0 0		
5	1,3 0,05 1,301	1,0	0,8	0,7	0,6	0,5	0,4	0,3	0,2	0,1	0	-0,1 -1,26 -0,1		
4	1,2 0,0625 1,204	0,9	0,7	0,6	0,5	0,4	0,3	0,2	0,1	0	-0,1	-0,2 -1,575 -0,198		
3,2	1,1 0,0781 1,107	0,8	0,6	0,5	0,4	0,3	0,2	0,1	0	-0,1	-0,2	-0,3 -1,969 -0,294		
2,5	1,0 0,1 1	0,7	0,5	0,4	0,3	0,2	0,1	0	-0,1	-0,2	-0,3	-0,4 -2,52 -0,401		

Limit B1- unable to recognize single tumbling E 100M at 25cm. (LogMAR 2.6 is out)

\* The STE is the task used to determine the B2/B1 boundary .

Limit B2- unable to recognize single tumbling E 25M at 1meter. (LogMAR 1.4 is out)

\* The STE is the task used to determine the B3/B2 boundary and confirmed with LogMar BIG CHART(big)

Limit B3- unable to recognize LogMar 0.9 on the chart = 32M LogMAR chart at 4 meters. (LogMAR 0.9 is out)

\* LogMar BIG CHART (big) is mandatory to determine "good VA" border of the B3 range (boundary B3/NE)

(5c). Notes to improve Review status and Confirmed classes

## Measure the visual acuity of each athlete

Get the best measure of VA

For Classification: Letter Chart Acuity (*Tumbling E*)  
Single Tumbling E Acuity (*STE*)

For recording vision within the B1 Class:

Grating acuity  
or Basic vision test (*WFP, BDD*)

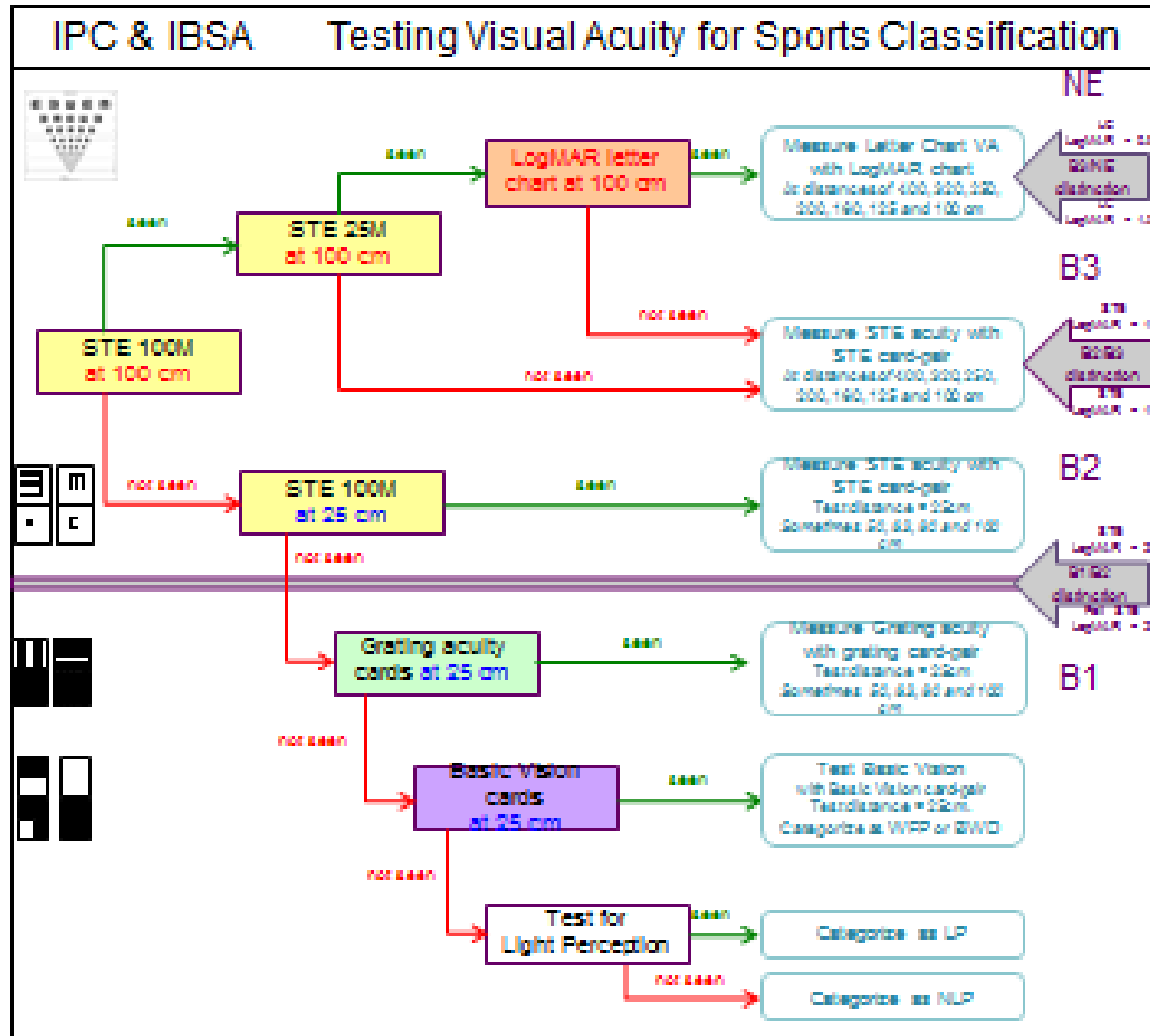
But, pay particular attention to the critical dividing lines  
used in the current classification system

B1 Fails STE LogMAR = 2.6

B2 STE acuity is no better than LogMAR = 1.5

B3 E-Chart acuity is no better than LogMAR = 1.0

### (5d). IBSA – IMPROVING VISUAL ACUITY ASSESSMENT



**At 100 cm**

Letter chart	LogMAR = 1.60 to 0.3
25M STE	LogMAR = 1.40
40M STE	LogMAR = 1.60
63M STE	LogMAR = 1.80
100M STE	LogMAR = 2.00

**At 25 cm**

25M STE	LogMAR = 2.00
40M STE	LogMAR = 2.20
63M STE	LogMAR = 2.40
100M STE	LogMAR = 2.60
50M GA	LogMAR = 2.30
80M GA	LogMAR = 2.50
125M GA	LogMAR = 2.70
200M GA	LogMAR = 2.90
WFP	
BWD	

## (6). VI CLASSIFICATION - UPDATE AND RECLASSIFICATION PROCESS AND ASSESSMENT - Guidelines

A Medical Update or a Request for Reclassification needs to be submitted for athletes with sport class status Confirmed or Review with a fixed review date (2 or 4 years), when the optical aids used at competition has changed or when the visual impairment is no longer

**A - When the OPTICAL aids or correction USED AT COMPETITION has changed and is DIFFERENT from the one mentioned in the last Classification Form, even if it does NOT CHANGES the athletes current sport CLASS.**

	ACTIONS	When	Who	To Whom	COMMENTS
Ref 1	<b>Athlete can compete without a need for a new Classification. (Exceptions can apply)</b>				
2	Upload in ISAS system the Optical Change Form	2 weeks before Competition.	NF		See uploads in ISAS system.
3	Send an e-mail to IBSA Classification Administrator with mention to optical changing without current class change.	2 weeks before Competition.	NF	IBSA CA	
4	<b>Failure</b> to make this updated information will be considered as an <b>Intentional Misrepresentation</b> on the part of the Athlete and full consequences apply.				

**B - When visual impairment has IMPROVED or become less severe, either THROUGH NEW OPTICAL AIDS OR CORRECTION, MEDICAL TREATMENT, SURGERY OR OTHER.**

	ACTIONS	When	Who	To Whom	COMMENTS
5	<b>Athlete cannot compete until assessed in a new Classification.</b>				
6	Request a reclassification	Limit: 6 weeks before 1st Class. day	NF	IBSA CA	No fee is asked.
7	Change the classification status to Review ( next time)		IBSA CA		
8	Fully follow the procedures for Classification including a need to send an updated MDF.		NF		See A - VI CLASSIFICATION - LOGISTIC PROCEDURES - Guidelines
9	Athlete undergoes to a new Classification in the next opportunity where athlete competes.				
10	<b>Failure</b> to request a reclassification will be considered as an <b>Intentional Misrepresentation</b> and full consequences apply.				

**C - When visual impairment has DETERIORATED to an extent that the athlete most likely does NOT FIT his/her current sport CLASS .**

	ACTIONS	When	Who	To Whom	COMMENTS
11	<b>Athlete can compete under the current Class, until being assessed in a new Classification.</b>				
12	Request a new classification	Limit: <b>3 months before</b> Class.	NF	IBSA MD, IBSA CA	Consider the competition with VI Classification where the athlete wants to be reclassified.
13	Upload in ISAS system the new MDF and medical report	Limit: 3 months before Class.	NF		
14	Pay the fee ( <b>100 €</b> ) for Reclassification	Limit: 3 months before Class.	NF	IBSA TR,	Send copy of fee payment to IBSA MD and IBSA CA
15	Send the Request for new classification to 3 classifiers	<b>3 months before</b> Class.	IBSA MD	3 Cls	3 month prior to the competition with Classification
16	Send opinion about accepting the request for Reclassification	Limit: <b>2 months before</b> Class.	3 Cls	IBSA MD	
17	When 2 or all classifiers are in favour of a new Classification and it has the agreement of IBSA MD the athlete is accepted for Reclassification	Limit: <b>6 weeks before</b> 1st Class. day	IBSA MD	IBSA CA	
18	National Federation is informed and athlete Classification moves to Review (next time). Athlete is included in the classification list and schedule in the first opportunity		IBSA CA	NF, LOC, ChC	
19	<b>After the Reclassification, the status is always Review (next time) and the athlete's Class (same or changed) has full consequences.</b>				
20	If athlete <b>moves to a Class</b> corresponding to an higher impairment ( <b>B2 &gt; B1</b> , or <b>B3 &gt; B2</b> ) <b>fee will be reimbursed</b> within <u>1 month</u> after the Competition.				
21	After the first reassessment when the athlete stays in the same Class (or moves to a better vision Class) <b>fee will not be reimbursed.</b>				

**D - Randomly na athlete can be asked to present for a new Classification. Also to clarify some Cross Classification situations or when a Protest under special circumstances is presented and accepted**

22	<b>All</b> needs the previous agreement from IBSA Medical Director
23	In all those situations a previous MDF is not mandatory.

**Glossary**

IBSA MD - IBSA Medical Director  
 IBSA S - IBSA Sport  
 IBSA CA - IBSA Classification Administrator  
 IBSA TR - IBSA Treasury  
 LOC - Local Organizing Committee

ChC - Chief VI Classification (at the venue)  
 Cls -Classifiers  
 C Head - Competition Head  
 NF - National Federation



# MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- To be confirmed and certified **by a registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical tests and other documentation attached.
- Must be **uploaded in ISAS** (IBSA system) **6 weeks prior** to first classification day.
- See also **Text and Notes on page 3 and 4**. More detailed indication in VI Classification Manual.
- **At Classification athlete must show the original of the MDF and other medical documents required.**

To be filled by the National Federation

## I - ATHLETE INFORMATION (as passport data)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Gender: Female  Male  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_  
 Sport: \_\_\_\_\_, NPC/NF: \_\_\_\_\_, ISAS registry: \_\_\_\_\_, SDMS (IPC): \_\_\_\_\_  
 **National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.**

\_\_\_\_\_  
 Name (stamp) Signature Date: Day / Month / Year

## II - PREVIOUS CLASSIFICATIONS

Last National Classification: Year: \_\_\_\_\_ Class: B1  B2  B3  Other : \_\_\_\_\_  
First International Classifications: New  or Year: \_\_\_\_\_ Class: B1  B2  B3  NE   
Last International Classification: Place: \_\_\_\_\_, Year: **B1**, Sport: \_\_\_\_\_  
Actual International Class and Status: New  or **Protest / Reclassification accepted**  \_\_\_\_\_, or  
**Class: B1  B2  B3  Status: Review** (next time) or **Review Year**  \_\_\_\_\_; **NE**  1<sup>st</sup> panel; **CNC**

To be filled by Medical Doctor - Ophthalmologist

## III - MEDICAL INFORMATION

### A - Relevant systemic (non ophthalmic) pathology and medical information and allergies

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

### B - Visual, ophthalmic pathology and associated diagnosis (short)

\_\_\_\_\_  
 -  
 -  
 -

### C - Ophthalmic medical data

Age of onset: \_\_\_\_\_ At present:  Stable on the last \_\_\_\_\_ years  Progressive  
 Anticipated future procedure(s):  No  Yes: What? \_\_\_\_\_ when:

### D - Eye medication and allergies

Ophthalmic medication used by the athlete: No  Yes : \_\_\_\_\_  
 \_\_\_\_\_  
 Allergic reactions to ocular drugs: No  Yes : \_\_\_\_\_

Athlete: last name: \_\_\_\_\_ first name: \_\_\_\_\_

**E - Optical correction and prosthesis**

Athlete wears glasses:  No  Yes : { Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

Athlete wears contact lenses:  No  Yes : { Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

Athlete wears eye prosthesis:  No  Yes :  Right  Left

**F - Visual Acuity**

<u>Visual Acuity</u>	Right eye	Left eye	Binocular
With correction			
Without Correction			

Measurement Method:  LogMar  Snellen  Other: \_\_\_\_\_

Correction used  Glasses | Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 for visual acuity test:  Contact lenses | Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Trial lenses

**G - Visual Field ( IMPORTANT: Visual fields graphics must be attached)**

Equipment used: \_\_\_\_\_ Pupil diameter: \_\_\_\_\_ mm  
 Valid Graphics must refer to pupil diameter, isopter and correction used and date Date: \_\_\_\_\_

Periphery isopter	Right eye	Left eye	Binocular

Amplitude in degrees (diameter)	Right eye	Left eye	Binocular

- I confirm that the above information is accurate and updated.
  - I certify that there is no ophthalmologic contra-indication for this athlete to compete in the above mentioned sport.
- Attachments added to this Medical Diagnostic Form :  No  Yes: see and check in page 3

Name: \_\_\_\_\_  
 Medical Specialty: **Ophthalmology**, National Registration Number: \_\_\_\_\_  
 Address (Work or private): \_\_\_\_\_  
 City: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

To be filled by Medical Doctor - Ophthalmologist

Athlete: last name: \_\_\_\_\_ first name: \_\_\_\_\_

#### IV - ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM

##### 1. Visual field test

For all athletes with a restricted visual field a **visual field test must be attached to this form.**

The athlete's visual field must be tested by **full-field test** (80 or 120 degrees) and also, depending on the pathology a 30, 24 or 10 degrees central field test. Standard stimulus/isopter is III/4.

One of the following perimeters must be used: **Goldman Perimeter (with stimulus III/4)**, HumphreyField Analyzer or Octopus (Interzeag) with equivalent isopter to the Goldman III/4. Visual fields must be referred by diameter (not radius).

##### 2. Additional medical documentation: Specify which eye conditions the athlete is affected and what additional documentation is added to the Medical Diagnostic Form.

**The ocular signs must correspond to the diagnosis and to the degree of vision loss. If the eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise the related additional medical documentation indicated in the following table must be attached. All additional medical documentation needs a short medical report, in English. When the medical documentation is incomplete or the report missing, the classification may not be concluded and the athlete cannot compete.**

To be filled by Medical Doctor - Ophthalmologist	Eye condition	Additional medical documentation required
<input type="checkbox"/>	Anterior disease	none
<input type="checkbox"/>	Macular disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Macular OCT <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Multifocal and/or pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern appearance VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>
<input type="checkbox"/>	Peripheral retina disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full field ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>
<input type="checkbox"/>	Optic Nerve disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> OCT <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern appearance VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>
<input type="checkbox"/>	Cortical / Neurological disease	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pattern VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern ERG* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> <li><input type="checkbox"/> Pattern appearance VEP* <span style="float: right;"><input type="checkbox"/> Right eye <input type="checkbox"/> Left eye</span></li> </ul>
<input type="checkbox"/>	Other relevant medical documentation added	<ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>

##### \*Notes for 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. Electrophysiology is not always required.

Submitted electrophysiology tests should include: 1- Copies of the original graphics; 2- The report in English from the laboratory performing the tests, the normative data range for that laboratory, a statement specifying the equipment used and its calibration status. The tests should be performed only according to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).



- 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 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 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 pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless 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.

#### IV - NOTES

- This Medical Diagnostic Form (MDF) with all attachments required is to be **uploaded in ISAS** (IBSA data base system) **only by the IBSA Member and 6 weeks prior** to the first classification day ( <http://www.ibsasport.org/isas> ).
- **Pages 1 and 2 of this MDF are mandatory to upload. Page 3 is only needed when checked by the doctor.** No need to upload page 4.
- **Only pdf. format is accepted.** Other formats will be deleted.
- **Name the files as:** Country (3 capital letters) \_ Athlete last name and Capital letter of first name\_ Medical document (MDF; VF; ERG; VEP; OCT ...) add r for report. **Examples:** GBR\_TaylorJ\_MDF.pdf / GBR\_TaylorJ\_VF.pdf / GBR\_TaylorJ\_ERG.pdf and GBR\_TaylorJ\_ERGr.pdf
- **Athletes without correct MDF and/or not uploaded will not be classified** (and cannot compete).
- Medical documents not uploaded before the classification are not considered/valid
- **Athlete must carry to the Classification the originals of this MDF and all other required attachments, reports and relevant medical tests.**

If there are any questions or problems please contact IBSA Assist at [ibsaassist@gmail.com](mailto:ibsaassist@gmail.com)



## UPDATE FORM FOR OPTICAL CHANGES

- Needed when the optical aids or correction **used at competition** has changed and **is different** from the one mentioned in the last Classification Form (check ISAS), even if it does **NOT CHANGES** the athletes current sport **CLASS**.
- To be **fully filled in English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- To be completed **by the NF and the athlete** and **uploaded in ISAS 2 weeks prior to Competition**
- Failure to make this updated information will be considered as Intentional Misrepresentation on the part of the Athlete with full consequences.

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

### I - ATHLETE INFORMATION (as passport data)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Gender: Female  Male  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_  
 Sport: \_\_\_\_\_, NPC/NF: \_\_\_\_\_, ISAS registry: \_\_\_\_\_, SDMS (IPC): \_\_\_\_\_  
 National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.  
 National Paralympic Committee (NPC) or National Federation (NF) certifies that there is no vision improvement with the new optical correction / aids used by the athlete with consequences in changing the sport Class given in the last International classification.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name (stamp) Signature Date (dd/ mm/ yyyy)

### II - LAST INTERNATIONAL CLASSIFICATION

Last International Classification: Place: \_\_\_\_\_, Year: \_\_\_\_\_, Sport: \_\_\_\_\_  
 Actual International Class and Status:  
 Class: B1  B2  B3  Status: Review  (next time) or Review Year  \_\_\_\_\_; NE  1<sup>st</sup> panel; CNC

### III - INFORMATION ABOUT NEW OPTICAL AIDS

Used at competition: Optical aids: No  Yes  / Prosthesis No  Yes : Right eye  Left eye

Spectacles  Contact lenses  Sun or filter glasses

Optical correction used at competition: Right eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
 Left eye: Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

I confirm that the above information is accurate and updated

Athlete name: \_\_\_\_\_  
 City: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Athletes signature: \_\_\_\_\_



# CLASSIFICATION FORM (CF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- First page to be completed **by the NF and the athlete prior to Classification**. (see page 4)
- Must be given by the athlete to the classifiers when at VI Classification.
- Page 3 (**Consent Form**) must be read before, but only signed by the athlete when starting the Classification. Write athlete's name and ISAS n° in the top of all pages and the bottom of page 3 before starting

Event: \_\_\_\_\_ Sport: \_\_\_\_\_

Location: \_\_\_\_\_ Competition dates: \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Days Month Year

## I - ATHLETE INFORMATION (as passport data)

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

Gender: Female  Male  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_

Sport: \_\_\_\_\_, NPC/NF: \_\_\_\_\_, ISAS registry: \_\_\_\_\_, SDMS (IPC): \_\_\_\_\_

**National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.**

\_\_\_\_\_  
Name (stamp)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (dd/mm/yyyy)

## II - PREVIOUS CLASSIFICATIONS

Last National Classification: Year: \_\_\_\_\_ Class: B1  B2  B3  Other : \_\_\_\_\_

First International Classifications: New  or Year: \_\_\_\_\_ Class: B1  B2  B3  NE

Last International Classification: Place: \_\_\_\_\_, Year: \_\_\_\_\_, Sport: \_\_\_\_\_

Actual International Class and Status: New  or Protest / Reclassification accepted  \_\_\_\_\_, or  
Class: B1  B2  B3  Status: Review  (next time) or Review Year  \_\_\_\_\_; NE  1<sup>st</sup> panel; CNC

## III - MEDICAL INFORMATION

### A - Relevant systemic (non ophthalmic) pathology and medical information (see athlete's MDF):

Yes : \_\_\_\_\_

No

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

Visual, ophthalmic and associated diagnosis: \_\_\_\_\_

Stable on the last \_\_\_\_ years  Progressive Anticipated future procedure(s):  No  Yes

Ophthalmic medication used by the athlete: No  Yes : \_\_\_\_\_

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

Used at competition: Optical aids: No  Yes  / Prosthesis No  Yes : Right eye  Left eye

Spectacles  Contact lenses  Sun or filter glasses

Optical correction used at competition: 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 (see last page for instructions)

Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_ ISAS registry: \_\_\_\_\_

**IV – CLASSIFICATION**

NE > 2<sup>nd</sup> panel  - After Protest >

**AUTOREFRACTOR**

Attached  or: **Right eye:** Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )  
**Left eye:** Sph. \_\_\_\_\_ Cyl. \_\_\_\_\_ Axis ( ° )

**VISUAL ACUITY (FINAL)**

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

**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		

**PRELIMINARY TEST FOR VA**

Or use provisional VA table and attach it

No correction			With correction	
RE	LE	LogMar	RE	LE
		<b>STE</b>		
		<b>25M</b>		
		<b>40M</b>		
		<b>63M</b>		
		<b>100M</b>		

**ATTACHED DOCUMENTS FROM CLASIFICATION:** No  Yes  What: \_\_\_\_\_

**COOPERATION:** Good  Poor : \_\_\_\_\_

**OPHTHALMIC AND ASSOCIATED PATHOLOGY/ DIAGNOSIS:** \_\_\_\_\_

**OTHER COMMENTS:** \_\_\_\_\_

**V - FINAL CLASSIFICATION DECISION**

**CLASS:** B1  B2  B3  NE  - 1<sup>st</sup>  / 2<sup>nd</sup>  panel **CNC**  **Decision after Protest**

**STATUS:** Confirmed  Review  (next time) **Review 2 Years**  (Year \_\_\_\_\_) **Review 4 years**  (Year \_\_\_\_\_)

**NEEDS FOR A NEXT CLASSIFICATION:**  Visual Fields  Electrophysiology of vision  OCT  other: \_\_\_\_\_

**CNC REASON** \_\_\_\_\_

**CLASSIFIERS:**

\_\_\_\_\_  
Name (stamp)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Classification Date

\_\_\_\_\_  
Name (stamp)

\_\_\_\_\_  
Signature

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

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

Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_ ISAS registry: \_\_\_\_\_  
 Name (capital letters) Signature or finger print

**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 IBSA Classification Manual and administered by the designated classification team. I understand that this process can require me to participate in sport-like exercises and activities and confirm 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 cooperation, and the 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 IBSA Classification Regulations.

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

6 - I agree and consent, free of cash and other personal profit, 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 it to be published on the website and other media.

**THE ATHLETE:**

\_\_\_\_\_  
 Name (capital letters) Signature or finger print Date (dd/ mm/ yyyy)

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

\_\_\_\_\_  
 Name (capital letters) Signature Date (dd/ mm/ yyyy)

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 - 1<sup>st</sup> /2<sup>nd</sup> panel **CNC**  **Decision after Protest**   
**STATUS:** Confirmed  Review  (next time) Review 2 Years  (Year \_\_\_\_\_) Review 4 years  (Year \_\_\_\_\_)  
**NEEDS FOR A NEXT CLASSIFICATION:**  Visual Fields  Electrophysiology of vision  OCT  other:

**CLASSIFIERS:**

\_\_\_\_\_  
 Name (stamp) Signature Classification Date

\_\_\_\_\_  
 Name (stamp) Signature

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

To be filled by the Classifiers

## CLASSIFICATION FORM (CF) FOR ATHLETES WITH VISUAL IMPAIRMENT

### INSTRUCTIONS:

Be sure the athlete's name and ISAS registry is filled in the top of page 2 and 3.

**Page 1** must be filled prior to arriving to Classification (preferable at NF, before traveling).

1. Read it carefully; fully fill it in English, typed or in Capital letters, with black ink.
2. All frames must be completely filled.

**3. Frame I Athlete information –**

- ISAS (IBSA) number is mandatory as well as SDMS (IPC) when applicable.
- Name (stamp) and Signature of NPC or NF is mandatory, and the date.

**4. Frame II Previous Classification -**

- There is place for the National Classification, for the First international Classification (when possible) and for the Last International Classification.
- Actual International Class and Status is mandatory and must be the same as in the last updated ISAS registry and IBSA Sport Master List (or the IPC SDMS, when applicable).

**5. Frame III Medical Information –**

- **A:** You can find it in the current Medical Diagnostic Form (MDF), in the Medical Information frame. Please copy here only what is related with general health/pathology and **NOT** what concerns eye or ophthalmologic pathology.

- **B to E:** You can find it in the current Medical Diagnostic Form (MDF), in the Medical Information frame. Copy only what concerns eye or ophthalmologic pathology.

In Medical History and from the athlete information you have what is about stable or progressive ophthalmologic disease and what is about anticipated future procedures.

In the specific frames of the current Medical Diagnostic Form (MDF) you have the eye medication and eye allergies.

In the current Medical Diagnostic Form (MDF) and from the athlete information you have the optical aids (glasses, contact lenses or filters) used at competition.

**IMPORTANT** – this optical aids information must be the same one that the athlete will use at the competition and it needs to be carried to Classification.

Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_ ISAS registry: \_\_\_\_\_



### CLASSIFICATION PROTEST FORM

- Protests can only be submitted by a designated representative of an IBSA Member, National Paralympic Committee and International Federation or, under exceptional circumstances, by the Chief Classifier or a member of the Governing Board of IBSA or IPC.
- Protest must be submitted to the Chief Classifier less than 1 hour after the first posting of the Classification Results where the athlete protesting is mentioned. (Not applicable to protests under exceptional circumstances).
- Protest fee will be reimbursed ONLY when the Protest is accepted and the Classification Class is changed (Classification status is not considered).
- To be completed fully in **English**, in **CAPITAL LETTERS**, typed or **black ink**.

#### I - COMPETITION

Sport: _____	Competition: _____
Local: _____	Country: _____
Competition days: / / to / /	Classification days: / / to / /
Classification Local: _____	

#### II - DETAILS OF ATHLETE PROTESTING (as stated in passport)

Last name: _____	First name: _____		
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth: / /	Nationality: _____	
Sport: _____	NPC/NF: _____	ISAS (IBSA): _____	SDMS (IPC): _____

#### III – PROTEST LAUNCHED BY

<b>A</b> - <input type="checkbox"/> IBSA Member <input type="checkbox"/> National Paralympic Committee <input type="checkbox"/> National Federation:
Name: _____
Fee Paid: <input type="checkbox"/> No <input type="checkbox"/> Yes: Amount: _____, currency: _____
<b>B</b> - <u>Under exceptional circumstances</u> (no need of fee):
<input type="checkbox"/> Chief Classifier, <input type="checkbox"/> International Paralympic Committee Board member, <input type="checkbox"/> IBSA Board member:
Name: _____
<b>A or B</b> - Signature: _____ Date: ____/____/____ Hour: ____:____ minutes

#### IV – REASON FOR PROTEST (Identify clearly what are the grounds for the protest. If possible, provide a specific reference to the sport class and/or eligibility criteria and to the relevant article(s) of the classification rules and regulations)

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
--

#### V – PROTEST RECEIVED BY

<input type="checkbox"/> Chief Classifier or <input type="checkbox"/> Other authorized member, name: _____
Fee Received: <input type="checkbox"/> No <input type="checkbox"/> Yes: Amount: _____, currency: _____
Signature: _____ Date: ____/____/____ Hour: ____:____ minutes

Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_ ISAS registry: \_\_\_\_\_

Protest declined. (no fee reimbursement) Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*

Protest accepted:  
New assessment: Place: \_\_\_\_\_ Time: day \_\_\_/ \_\_\_/\_\_\_, hour \_\_\_:\_\_\_ minutes  
Chief Classifier, name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**VII – REASSESSMENT RESULT** (a new Classification Form is mandatory)

After new assessment:  
**CLASS:** B1  B2  B3  NE  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:  
\_\_\_\_\_  
\_\_\_\_\_

Following an accepted Protest, the Class and Status after the reassessment will apply, with full consequences  
\*\*\*

Class changed after new assessment?:  No - No fee reimbursement  Yes - Fee reimbursement  
Chief Classifier, Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
\*\*\*

Who launched the Protest: Name: \_\_\_\_\_  
 - I confirm that I have received the full reimbursement of the protest fee  
 - I have NOT received the reimbursement of the protest fee  
Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**VIII - PROTEST FEE RETAINED BY**

Name of IBSA Official who retains the protest fee \_\_\_\_\_  
\_\_\_\_\_ Fee - amount : \_\_\_\_\_  
\_\_\_\_\_ currency: \_\_\_\_\_

1. The **Consent Form for Evaluation** can be read in advance but it is to be signed by the athlete only at Classification and at the same time checking the athlete's passport or identity card, with photo.
2. The bottom of page 3: **Detach and give to the athlete after Classification** the athlete identification, the sport, the classification local and the year must be filled in advance to the Classification.



Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_ ISAS registry: \_\_\_\_\_

## CLASSIFIERS REPORT FORM REGARDING CLASSIFICATION

To be completed by the **Chief Classifier** after collecting the classifiers' reports.

Send to: IBSA Medical Director: [medical@ibasport.org](mailto:medical@ibasport.org)

### I - COMPETITION

Sport: _____	Competition: _____
Local: _____	Country: _____
Competition days: / / to / /	Classification days: / / to / /
Classification Local: _____	

### II - CLASSIFIERS

(Chief Classifier): _____
(Other Classifiers): _____
_____
(Classification coordinator – when available): _____

### III – VOLUNTEERS / HELPING PEOPLE (MEDICAL TECHNICIANS EXCLUDED)

Comments: _____	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Bad
_____			
_____			

### IV – ARRANGEMENTS WITH CLASSIFIERS

<b>A - PREVIOUS CONTACTS (From IBSA and LOC)</b>			
IBSA - <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Bad	LOC - <input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Bad
Comments: _____			
_____			
_____			

<b>B – TRAVEL ARRANGEMENTS (From LOC)</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Bad
Comments: _____			
_____			
_____			

<b>C – ACCOMMODATION (From LOC)</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Bad
LOCAL: _____			
Comments: _____			
_____			
_____			

<b>D – MEALS (From LOC)</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Bad
Comments: _____			
_____			
_____			

Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_ ISAS registry: \_\_\_\_\_

### V – PREVIOUS ARRANGEMENTS FOR CLASSIFICATION PROCESS

#### A - INFORMATION ABOUT CLASSIFICATION LOCATION, EQUIPMENT, ASSISTING TECHNICIANS AND VOLUNTEERS (From LOC)

Very Good     Good     Bad

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

#### B – PREVIOUS INFORMATION REGARDING LIST OF COUNTRIES AND ATHLETES TO BE CLASSIFIED (From IBSA and LOC)

Very Good     Good     Bad

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

#### C – MDFs SENT IN ADVANCE AND OTHER MEDICAL DOCUMENTS PRESENTED AT CLASSIFICATION (From IBSA Members and Athletes)

Very Good (>90%)     Good     Bad (<70%)

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

#### D – ADVANCED CLASSIFICATION SCHEDULE (From IBSA and LOC)

Very Good     Good     Bad

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

### VI - CLASSIFICATION

#### A – PLACE and AREAS

Very Good     Good     Sufficient     Bad

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

#### B - EQUIPMENT

Very Good     Good     Sufficient     Bad

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

#### C-ASSISTING TECHNICIANS

Very Good     Good     Sufficient     Bad

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

D – ATHLETES: N° Classified: \_\_\_\_\_ New: \_\_\_\_\_ Non Eligible: \_\_\_\_\_ CNC: \_\_\_\_\_ Class changed: \_\_\_\_\_ Protests: \_\_\_\_\_

E – CLASSIFICATION: GENERAL FINAL INFORMATION:  Very Good     Good     Sufficient     Bad

F – FINAL COMMENTS AND SUGGESTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief Classifier signature: \_\_\_\_\_ Date \_\_\_\_\_



To be filled by NF

Athlete: last name: \_\_\_\_\_ first name : \_\_\_\_\_

**IV – FEE**

**Fee paid:** Amount: \_\_\_\_\_, currency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank accounts: Origin: **NIB:** \_\_\_\_\_ Transfer to: **NIB:** \_\_\_\_\_

**IBAN:** \_\_\_\_\_ **IBAN:** \_\_\_\_\_ **BIC/SWIFT:** \_\_\_\_\_

**BIC/SWIFT:** \_\_\_\_\_

National Paralympic Committee or National Federation: \_\_\_\_\_

\_\_\_\_\_  
Name (stamp)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: Day Month Year

**Fee received:**  No  Yes

IBSA Treasurer :

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: Day Month Year

~~**Class changed after classification review:**  No (no fee reimbursement)  Yes (fee reimbursement)~~

**Fee reimbursement:** Amount: \_\_\_\_\_, currency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent to bank: **NIB:** \_\_\_\_\_

Paid cash

**IBAN:** \_\_\_\_\_

**BIC/SWIFT:** \_\_\_\_\_

IBSA Treasurer, or \_\_\_\_\_ :

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Received

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

To be filled by IBSA

**V – REASSESSMENT RESULT**

After classification review  : **Class changed:**  No (no fee reimbursement)  Yes (fee reimbursement)

**CLASS: B1**

**B2**

**B3**

**NE**

**CNC**

# CLASSIFICATION SCHEDULE

**1st DAY: week day, day, month**

Nº	HOUR	Panel	Country	ISAS Nº	Last Name	First Name	Gender	Class / Status In	Class / Status Out	Class Change	Notes
	09:00	<i>TO FIT THE ROOM</i>									
		<i>TO FIT THE ROOM</i>									
	09:30										
1	10:00	A									
2		B									
3	10:30	A									
4		B									
5	11:00	A									
6		B									
7	11:30	A									
8		B									
9	12:00	A									
10		B									
11	12:30	A									
12		B									
	13:00	<b>LUNCH</b>									
		<b>LUNCH</b>									
13	14:30	A									
14		B									
15	15:00	A									
16		B									
	15:30	A			<b>OPEN</b>	To adjust times, NE/2nd panel, VF assessments, Protests					
		B			<b>OPEN</b>	To adjust times, NE/2nd panel, VF assessments, Protests					
17	16:00	A									
18		B									
19	16:30	A									
20		B									
21	17:00	A									
22		B									
23	17:30	A									
24		B									
	18.00	<b>END 1st Day</b>									