

FIS Para Alpine Skiing and Para Nordic Medical Diagnostics Form for Athletes with Vision Impairment

The form is to be completed in English by a registered ophthalmologist or may, in the discretion of FIS, be completed by an optometrist whose scope of practice includes making ophthalmic diagnoses. All mandatory attachments as specified on this form must be attached. If the original copy of the medical documentation is not in English, an official translation must be provided.

This form may not be older than 12 months prior to the date of the Evaluation Session.

Athlete Information

Last name: _____

First name: _____

Gender: Female Male Date of Birth: _____

Sport: _____

NSA: _____ FPDMS number: _____

Medical and Ophthalmologic Information

Diagnosis (causing Vision Impairment):

Note: any MDFs with diagnoses such as 'low vision' or 'blindness' will not be accepted. Refractive error information can be provided under the "Optical Correction" section below as refractive errors are not considered a diagnosis causing Vision Impairment unless there are secondary pathological changes present as a result of a refractive error.

Medical history:

Age of onset:		Progressive:	<input type="checkbox"/> yes <input type="checkbox"/> no
At present:	Stable <input type="checkbox"/> > For the last ___ years Fluctuating <input type="checkbox"/>		
Anticipated future procedure(s):			

Optical correction, prescriptions and prosthesis:

Athlete wears glasses:	<input type="checkbox"/> yes	Correction:	Right eye:	Sph.	Cyl.	Axis (°)
	<input type="checkbox"/> no		Left eye:	Sph.	Cyl.	Axis (°)
Year of last prescription _____						
Athlete wears contact lenses:	<input type="checkbox"/> yes	Correction:	Right eye:	Sph.	Cyl.	Axis (°)
	<input type="checkbox"/> no		Left eye:	Sph.	Cyl.	Axis (°)
Year of last prescription _____						
Athlete wears eye prosthesis:	<input type="checkbox"/> yes	<input type="checkbox"/> right				
	<input type="checkbox"/> no	<input type="checkbox"/> left				
Filters or other optical devices:	<input type="checkbox"/> yes	<input type="checkbox"/> right	Type _____			
	<input type="checkbox"/> no	<input type="checkbox"/> left				

Medication:

Ophthalmic medications used by the athlete:	
Ocular drug allergies:	

Assessment of visual acuity:

It is mandatory to test monocular and binocular visual acuity, with and without the best optical correction possible. Visual acuity should be tested with the head position giving the best vision. Please avoid the use of shortforms.

	Right eye	Left eye	Binocular
With correction			
Without Correction			
Notation type:	<input type="checkbox"/> LogMAR	<input type="checkbox"/> Snellen	<input type="checkbox"/> Decimal
Updated correction used for testing VA	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Trial lenses	Right eye:	Sph. Cyl. Axis (°)
		Left eye:	Sph. Cyl. Axis (°)

Mandatory Attachments to the Medical Diagnostic Form

The ocular signs must correspond to the diagnosis and degree of vision loss. If the eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required (e.g. phthisis bulbi, anophthalmos, intact congenital cataracts, etc.). Otherwise, the additional medical documentation indicated below must be attached to this form. If the medical documentation is incomplete, the Athlete may not be scheduled for classification.

1. Visual field test

For all athletes with a diagnosis causing a restricted visual field, visual field tests for each eye must be attached to this form.

One of the following perimeters should be used for the assessment with a III/4e stimulus:

- Goldmann Perimetry (include a binocular field); or
- Humphrey Field Analyzer (recommended test pattern: FF120); or
- Octopus perimeter (recommended test pattern: kinetic examination or static 07-Program).

The athlete's visual field must be tested by full-field test (min 80 degrees) and a 30 degree, 24 degree, or 10 degree central field test, depending on the pathology. Any optical correction used should be indicated on the visual field test output.

2. Additional medical documentation

Additional medical documentation which supports the athlete's diagnosis must be provided with this MDF (with the exception of athletes with anterior disease). Examples of supporting medical documentation includes:

- Fundus colour photo
- Retinal fluoresceine angiography
- Ocular echography
- Macular OCT
- Retinal Nerve Fibre Layer OCT
- Ophthalmic medical history report (e.g. for Athletes with amblyopia or removed congenital cataracts)
- Electrophysiology*
 - Full field ERG
 - Multifocal ERG
 - Pattern ERG
 - VEP
 - Pattern VEP
 - Pattern VEP with objective VA

***Electrophysiological assessment (VEPs and ERGs) requirements:**

All tests must be performed as a minimum, to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

Submitted data must include:

- a report from the laboratory performing the tests,
- copies of the original data (i.e. waveform tracings),
- the normative data range for that laboratory,
- and a statement specifying the equipment used and its calibration status.

Ophthalmologist/Optometrists Identification:

By signing this I confirm that the above information is accurate.	
Name: _____	
Medical Specialty: _____	
Registration Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____