

Player: Last Name _____ First Name: _____



MEDICAL DIAGNOSTICS FORM FOR TENNIS PLAYERS WITH VISUAL IMPAIRMENT

- The form is to be completed in English by a registered ophthalmologist or optometrist.
- The medical documentation listed on pages 3-4 needs to be attached.
- The form and the visual acuity/visual field test results may not be older than 12 months at the time of the Player Evaluation.
- The MDF must be sent 6 weeks prior to the first classification day, and the player must show the original MDF and other additional documents upon classification.
- Section I and II should be filled by NPC/NF/player, before a doctor fills in this document.

I: Player Information (as passport data, to be filled by the NPC/NF/player)

Last Name: _____ First Name: _____

Gender: Female Male Date of Birth: ___/___/____ Nationality: _____
DD/MM/YYYY

NPC/NF: _____

The National Paralympic Committee (NPC), the National Federation (NF), or the player by herself/himself certifies that there are no health risks and contra-indication for the player to compete at a competitive level in tennis. The NPC/NF/player keeps all the relevant medical and legal documents about it.

Name (NPC/NF person/player) Signature _____ DD/MM/YYYY

II: Previous Classification (to be filled by the NPC/NF/player)

Last National Classification: Year: _____ Class: B1 B2 B3 B4
First International Classification: New or Year: _____ Class: B1 B2 B3 B4
Last International Classification: Place: _____, Year: _____
Class: B1 B2 B3 B4
Status: Review , Review with Year _____, NE CNC

III: Medical Information

A - Relevant Systemic (non-ophthalmic) pathology and medical information (if any)

B – Visual, Ophthalmic and Associated Diagnosis

C – Ophthalmic Medical Data

Age of Onset: _____ At present: Stable for _____ year(s), Progressive

Anticipated Future Procedures: No Yes : _____ when: _____

Player: Last Name _____ First Name: _____

D – Eye Medication and Allergies

Ophthalmic Medication Used by the Player: No Yes : _____

Allergic Reactions to Ocular Drugs: No Yes : _____

E – Optical Correction and Prosthesis

Player wears glasses: No Yes Right eye: Sph. _____ D Cyl. _____ D Axis _____ °

Left eye: Sph. _____ D Cyl. _____ D Axis _____ °

Player wears contact lenses: No Yes Right eye: Sph. _____ D Cyl. _____ D Axis _____ °

Left eye: Sph. _____ D Cyl. _____ D Axis _____ °

Player wears prosthesis: No Yes : Right eye , Left eye

F – Visual Acuity

Written in: LogMAR , Fractional , Decimal

	Right eye	Left eye	Binocular
With correction			
Without Correction			

Lens Power Used to Correct Right eye: Sph. _____ D Cyl. _____ D Axis _____ °
Left eye: Sph. _____ D Cyl. _____ D Axis _____ °

Measurement Methods: Own Glasses , By Refractory Meter , Trial Lenses

G – Visual Field (IMPORTANT: Visual Field Graphics must be Attached)

Equipment Used: Goldman , Humphrey , Octopus Pupil Diameter: _____ mm
(Only SAP) Maximum intensity of Stimulus (0dB) is: 10000asb , 4000asb , _____ asb

	Right eye	Left eye	Binocular
In degrees (diameter)			

Doctor's Signature

I confirm that the above information is accurate and updated.

I certify that there is no ophthalmologic contra-indication for this player to compete at a competitive level in blind and visually impaired tennis.

No blank left?
VF results attached?
Required files attached?

Name: _____

Medical Specialty: Ophthalmology

Registration Number: _____

Address: _____ Country: _____

Phone: + _____ E-mail: _____

Date: ____/____/____ Signature: _____
DD / MM / YYYY

IV: Attachments to the Medical Diagnostic Form

1. Visual field test

For all players with a restricted visual field a visual field test must be attached to this form. The player’s visual field must be tested by full-field test (80 or 120 degrees: binocular Esterman Test recommended) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer (Intensity III/4 equivalent: normally 10dB) or Octopus. (different dB depending on the settings; conventional Octopus has 4000asb at maximum and new one has 10000asb)

2. Additional medical documentation

Specify which eye conditions the player is affected by and what additional documentation is added to the Medical Diagnostic Form. The ocular signs must correspond to the diagnosis and 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 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.

Eye Condition	Additional Medical Documentation Required
Anterior Disease	none
Macular Disease	Fundus Photo, Fundus Autofluorescence Macular OCT mfERG pERG
Peripheral Retinal Disease	Fundus Photo, Fundus Autofluorescence ffERG
Optic Nerve Disease	Disc photo Disc OCT, Macular OCT pERG VEP, pVEP Orbital MRI
Cortical/Neurological Disease	Brain MRI VEP

The documents not listed above are acceptable as long as they prove the player's pathology. Additional tests (other than visual acuity and visual field) that are not within a year and have a reasonable explanation in the short medical report are also acceptable.

***Notes on electrophysiological assessments (VEPs and ERGs):**

Where there is a discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease, the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include 1) the report from the laboratory performing the tests in English, 2) copies of the original data, 3) the normative data range for that laboratory, and 4) a statement specifying the equipment used and its calibration status. The tests should be performed according to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electretinogram (ffERG) 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. It does not, however, give any indication of macular function.

A Pattern ERG (pERG) tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.

A Multifocal ERG (mfERG) 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 from 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 specialized 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.

