



# International Triathlon Union (ITU) MEDICAL DIAGNOSTICS FORM FOR ATHLETES WITH VISUAL IMPAIRMENT

Please complete the form in capital letters

The form must be completed in capital letters by a **registered Ophthalmologist**.  
The information on this form is used to determine the athlete's eligibility to compete in accordance with ITU classification rules.  
Incomplete applications, or failure to have this form completed, may result in the athlete not being classified and preventing them from competing at that event.

**It is mandatory that the athlete submits a copy of this form and all relevant documentation to the Chief Classifier at classification**

## 1. ATHLETE INFORMATION

Surname: ..... Given Names: .....

Female  Male  Date of Birth (d/m/y): .....

Address: .....

City: ..... Country: .....

Email: .....

## 2. MEDICAL INFORMATION

Current Diagnosis with Sufficient Medical Information (see note 1)

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Age of onset: .....

Anticipated future procedure(s): .....

Glasses: YES / NO

Contact Lenses: YES / NO

Prosthesis: YES / NO



Correction: R:.....L:.....

R: .....L:.....

LEFT / RIGHT

Eye Medications

.....  
.....

3. ASSESSMENT RESULTS

Visual Acuity

	With Correction	Without Correction
RE		
LE		

Type of correction: .....

Measurement Method: .....

Visual Field (see note 2) Please attach visual field map

			Degrees (diameter)
RE		LE	

The athlete evaluation is based on the assessment of visual acuity in the eye with better visual acuity whilst wearing best optical correction using spectacles or contact lenses.

IBSA Sport Class (Refer page 3 for details:

<b>B1</b>	<b>B2</b>	<b>B3</b>
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Other Relevant Medical History

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4. OPHTHALMOLOGIST DECLARATION

- I certify that ..... meets the ITU minimal eligibility criteria of IBSA sport class B3 as outlined on page 3
- I certify that there is no contra-indication for this individual to compete at a competitive level. in ITU sport.

Name(PRINT):.....

Qualifications:

Registration number: .....

Address:

E-mail: .....

Signature of Ophthalmologist: .....

Date: .....

DEFINITION OF ELIGIBILITY



To be eligible to compete in IPC Paralympic Sport, the athlete with visual impairment must be affected by at least one of the following impairments, resulting from disease/disorder:

- impairment of the eye structure;
- impairment of the optical nerve/optic pathways;
- Impairment of the visual cortex of the central brain.

An athlete evaluation and sport class allocation will be based on the assessment of visual acuity in the eye with better visual acuity whilst wearing best optical correction using spectacles or contact lenses.

#### **IBSA Sport Class B1**

An Athlete shall compete in Sport Class B1 if the Athlete is unable to recognize the orientation of a 100M Single Tumbling E target (height: 145mm) at a distance of 250mm.

Within this class, the vision ability may range from no light perception to a Single Tumbling E visual acuity poorer than LogMAR = 2.60.

#### **IBSA Sport Class B2**

An Athlete shall compete in Sport Class B2 if the Athlete:

- Is unable to recognize the orientation of a 40M Single Tumbling E target (height: 58mm) at a distance of 1m (STE LogMAR = 1.60); and/or
- Has a visual field that is constricted to a diameter of less than 10 degrees.

Within this class, the vision acuity may range from Single Tumbling E visual acuity poorer than LogMar = 1.60 to Single Tumbling E visual acuity of LogMar = 2.60.

#### **IBSA Sport Class B3**

**An athlete will be eligible for International Triathlon Union if he/she:**

- Has a visual acuity that is poorer than LogMar = 1.00 (6/60) measured with an ETDRS letter chart or an equivalent chart (Tumbling E) in the LogMAR format presented at a distance of at least 1meter.; and/or
- Has a visual field that is constricted to a diameter of less than 40 degrees.

Within this class, the visual acuity may range from a letter chart acuity poorer than LogMAR = 1.60 to a Single Tumbling E visual acuity of LogMAR = 1.60.

#### **Note 1 Diagnosis**

*Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application. This includes report and graphic results (where applicable) on:*

- Pattern Visual Evoked Potentials
- Electroretinography / Electrooculography
- Cerebral Magnetic Resonance Imaging

#### **Note 2**

*Visual Field has to be tested by full-field strategy (30° central field test will not be accepted, by means of any of the following devices:*

- Humphrey Field Analyzer, Twinfield (Oculus), Octopus (interzeag), Rodenstock Peristat, Medmont (MAP), Goldmann Perimetry Intensity III/4

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***It is mandatory for Athletes to submit a copy of this Medical Diagnostic Form and all relevant documentation to the ITU no later than three (3) weeks prior to the event in which the athletes intends to compete in.***

***Please return this form, the Certificate of Medical Diagnosis and if appropriate Certificate of Visual Impairment to:***

***Eric Angstadt Torres, Coordinator, ITU Technical Operations***  
***[eric.angstadt@triathlon.org](mailto:eric.angstadt@triathlon.org)***



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