



AUSTRALIAN
PARALYMPIC
COMMITTEE

Classification

National Classification Form Athletes with a Vision Impairment

Athlete Details		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone:		
E-mail:		
Date of Birth: ___/___/_____	Gender: M / F	

Classification Summary (To be completed by authorised APC Classifier):						
Sport (tick all that apply)	<input type="checkbox"/> Athletics <input type="checkbox"/> Swimming	<input type="checkbox"/> Goalball <input type="checkbox"/> Cycling <input type="checkbox"/> Alpine	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Rowing	<input type="checkbox"/> Judo <input type="checkbox"/> Football (5-a-side)	<input type="checkbox"/> Equestrian#
Class	<input type="checkbox"/> 11 (B1) <input type="checkbox"/> 12 (B2)* <input type="checkbox"/> 13 (B3)	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<input type="checkbox"/> PT VI (B1-B3)	<input type="checkbox"/> LTA-VI (B1-3)	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<input type="checkbox"/> Grd III (B1) <input type="checkbox"/> Grd IV (B2)
	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible
	<input type="checkbox"/> Classification not completed Due to <input type="checkbox"/> Athlete withdrawal from process (eg pain or otherwise) <input type="checkbox"/> Athlete not fully prepared for classification process <input type="checkbox"/> Non co-operation, misrepresentation or failure to attend					
Status	<input type="checkbox"/> Review			Year of Review:		
	<input type="checkbox"/> Confirmed**					
Reason for Review status	<input type="checkbox"/> Progressive condition <input type="checkbox"/> Fluctuating condition <input type="checkbox"/> Recent injury <input type="checkbox"/> Borderline classification <input type="checkbox"/> Other: _____					
Diagnosis						
Classifier (Print Name)				Date		

Note: *Class 12 swimmers: Does swimmer elect to use tapper? Y N

**Not Eligible evaluations only-1st evaluation allocated review status; 2nd is allocated confirmed status
B3 athletes are not eligible for equestrian

Office Use Only
<input type="checkbox"/> Consent Form signed
<input type="checkbox"/> Athlete provided with copy of this result sheet on ___/___/_____
<input type="checkbox"/> Entered on VI Masterlist on ___/___/_____
<input type="checkbox"/> Copy provided to NF (name) _____ on ___/___/_____



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I _____ (print full athlete name):

Understand that:

- Classification is a process that requires me to answer a series of questions about my disability and training; complete activities and sport skills; and may require me to be observed during competition.
- Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
- Classifiers require medical documentation to complete my classification. I understand that my classification may not be able to be completed until all documentation is provided.
- National classification is for the purposes of Australian domestic competition only.
- International competition requires an International classification and any classification changes supersede any national classification. I will be required to provide new and/or additional medical documentation should I progress to international level.

Agree:

- To answer all questions fully, truthfully and to the best of my knowledge.
- To attempt all activities to the best of my abilities and that failure to give my best effort may be considered cheating. I understand this may result in termination of the classification process.
- To obtain and provide relevant medical documentation as required by classifiers to support my classification.
- To inform my sport and the APC should my condition change following classification if this change may impact upon my class.

Am aware that as an outcome to my classification being completed:

- My classification data and supporting documentation will be stored in a confidential database.
- Relevant information about my classification and supporting medical documentation may be shared with classifiers, consultants and relevant APC and National Federation personnel as required for my involvement in sport.
- My name, state, date of birth, class and status will be made available on the Australian Paralympic Committee and National Federation website.

I understand that, as an athlete, I have the following rights during classification:

The right to withdraw

My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-sport competitions.

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The right to respect and confidentiality

Evaluations will be conducted respectfully and information obtained during the classification process will be treated confidentially. Athletes may also refer to the APC data protection policy.

The right to challenge a classification decision or process

This should be done through the APC or other appropriate channels through your sport. Athletes may also refer to APC Classification Policy and APC Standards for Athlete Evaluation and Protests & Appeals for further information.

I allow my data and any video recordings collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

Athlete Name: _____ Date: ____/____/____

Athlete Signature: _____

Where athlete is under 18 years:

Parent/Guardian Name: _____ Date: ____/____/____

Parent/Guardian Signature: _____

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Athlete Information		
Athlete name:		
Diagnosis (primary):		
Year of Onset:	Cause of Onset:	
Medication:		
Other medical conditions: <input type="checkbox"/> Asthma <input type="checkbox"/> Cardiac conditions <input type="checkbox"/> Epilepsy		
Optical Aids: <input type="checkbox"/> Spectacles <input type="checkbox"/> Contact lenses <input type="checkbox"/> Sunglasses <input type="checkbox"/> Sports goggles		
Sport(s): <input type="checkbox"/> Athletics <input type="checkbox"/> Swimming <input type="checkbox"/> Cycling <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Goalball <input type="checkbox"/> Equestrian <input type="checkbox"/> Judo <input type="checkbox"/> Rowing <input type="checkbox"/> Triathlon		
Clinical Examination		
Refraction (attach copy) RIGHT _____ LEFT _____		
Visual acuity		
RE	LE	LogMAR Chart
		STE
		25M
		40M
		63M
		100M
Visual acuity without correction RIGHT _____ LEFT _____		
Visual acuity with correction RIGHT _____ LEFT _____		
Type of correction:		
Measurement method:		
Visual field in degrees, if applicable RIGHT _____ LEFT _____ <i>Attach copy of results from Humphrey Visual Field or Goldmann Visual Field assessment – at 120, 30, 24 and 10 on each eye.</i>		
Please specify the athletes eye condition: <input type="checkbox"/> Anterior Disease <input type="checkbox"/> Macular Disease <input type="checkbox"/> Peripheral Retina Disease <input type="checkbox"/> Optic Nerve Disease <input type="checkbox"/> Cortical / Neurological disease	Please specify if the athlete may require tests to demonstrate the degree of impairment: <input type="checkbox"/> Macular OCT <input type="checkbox"/> Multifocal ERG <input type="checkbox"/> Full field ERG <input type="checkbox"/> Pattern ERG <input type="checkbox"/> Pattern VEP <input type="checkbox"/> Pattern appearance VEP	



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Athlete name:	
Classification Outcome (Allocated from the best eye with best corrected vision)	
<input type="checkbox"/> B1	Visual Acuity is poorer than LogMAR 2.60
<input type="checkbox"/> B2	Visual Acuity ranges from LogMAR 1.50 to 2.60 inclusive; and/or a visual field that is constricted to a diameter of less than 10 degrees
<input type="checkbox"/> B3	Visual acuity ranges from LogMAR 1.40 to 1.0 inclusive; and/or visual field constricted to a diameter of less than 40 degrees.
<input type="checkbox"/> NE	Visual acuity less than LogMAR 1.0; and/or visual field of greater than or equal to 40 degrees diameter.
Classifier/s Name:	Date:
Classifier Signature:	

Any questions should be directed to Classification Services 08 8415 6803

Original completed forms should be returned to:

Australian Paralympic Committee
Classification
PO Box 596 Sydney Market NSW 2129

Scanned copies should be sent to:
classification@paralympic.org.au