



## Provisional Classification Application

### Athletes with a Vision Impairment

#### What is Classification?

Classification is an assessment process, groups athletes whose impairment causes similar limitations in a particular sport in order to allow for fair competition. Classification is not required for general participation in sport.

#### What is Provisional National classification?

This process allows athletes who do not have access to a VI classification panel, to gain an indication of their classification.

- The provisional classification must be given by an authorised PA VI classifier, in line with International classification rules for the sport.
- All provisional classifications provide an indication of a sport specific classification. Athletes are expected to attend face to face national level classification within 12 months following their provisional classification.
- An athlete may generally participate in school sport and regional or state competition with a provisional classification.
- To compete at national championships level or gain national team selection, athletes require a National classification.

#### What if I do not agree with my provisional classification?

If you disagree with a provisional classification, you should present for a face to face classification assessment. Provisional classification, while endeavouring to be an accurate indication of class, is a general guide only and may change upon face to face assessment by a full classification panel.

#### Steps to Completing the Provisional process

##### 1. Complete SECTION 1: Athlete Details and Informed Consent

The athlete (or parent guardian if under 18 year of age) completes the athlete details and agrees to the terms in the consent form in Section 1 attached.

##### 2. Complete SECTION 2: Medical Screening

Athletes are to make an appointment with an Ophthalmologist to fill in the attached form in section 2 and conduct the appropriate testing. This must be submitted along with Section 1 to the PA. Athletes may require further evidence of their diagnosis through VEP, ERG or OCT tests.

##### 3. Athlete to return submission (SECTIONS 1 & 2) to:

Paralympics Australia - Classification Services  
PO Box 596  
Sydney Markets NSW 2129  
[classification@paralympic.org.au](mailto:classification@paralympic.org.au)

When the PA has received all the required documentation, it will be reviewed by a classifier. The classification result will be sent via email. Please allow at least 2 months for this process to be completed. If you have any questions on this process, please contact PA Classification Services on 02 9704 0500 or [classification@paralympic.org.au](mailto:classification@paralympic.org.au)

## SECTION 1: Athlete Details and Informed Consent

Athlete to complete. To be completed by parent/guardian where athlete under 18 years

Athlete Personal Details		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone (h)	Phone (mob):	
E-mail:		
Date of Birth: ___/___/_____		

Classification Results (to be completed by authorised PA VI classifier)						
Sport	<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"/> PR3 (B1-3)	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<input type="checkbox"/> Grd IV (B1) <input type="checkbox"/> Grd V (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
Level	Provisional					
Status	Review					
Valid until (1 year)	Provided medical documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Classifier Name(s)						
Classifier Signature						

### Comments:

**Equestrian only:** # B3 athletes are not eligible for equestrian

**Swimming only:** Swimmers who are allocated class 11 must use a tapper. Please note **T** in comments section. Swimmers who are allocated class 12 can elect to use a tapper. Please check athlete's preference and note **T** in comments section.

Office Use Only
<input type="checkbox"/> Consent Form signed <input type="checkbox"/> Athlete verbally informed of class and status on ___/___/_____ <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/s) _____ on ___/___/_____ 

## **SECTION 1 (cont'd): Athlete Details and Consent (Athlete to complete).**

I \_\_\_\_\_ (print full athlete name)

Understand that:

- Provisional Classification is a process that requires me to answer a series of questions about my impairment and training.
- Classification requires me to give my best effort at all times.
- 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 sufficient medical documentation to complete my classification
- Provisional classification is for the purposes of Australian domestic competition.

I agree to:

- Answer all questions fully, truthfully and to the best of my knowledge.
- Attempt all activities to the best of my abilities and that any intentional misrepresentation of skills, abilities and/or the nature and/or degree of impairment may result in termination of the classification process and/or disciplinary action.

I agree and consent to:

- My personal and classification data being processed and stored in any format by the Paralympics Australia (PA) and my nominated sports.
- My classification being completed including:
  - My classification data including supporting documentation will be stored in a confidential database.
  - Relevant information about my classification may be shared with third parties for the purposes of classification only (including but not limited to classifiers, PA and National Federation Classification personnel, International Federation classification personnel)
  - My name, state, year of birth, class and status will be made publicly available on the Masterlists of my nominated sports.

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

### **The right to respect and confidentiality**

Evaluations will be conducted respectfully, and information obtained during the classification process will be treated confidentially.

### **The right to access my personal and classification data**

I have a right to access and correct the Personal and Classification Data that the PA and my nominated sports hold about me under data protection law by contacting the PA/National Federation. I have the right to request a copy of the classification data held by the PA/National Federations

### **The right to challenge a classification decision or process**

Any dispute, such as protest or appeal, should be done through the appropriate channels in line with the classification rules.

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: \_\_\_\_\_

## SECTION 2: MEDICAL SCREENING INFORMATION

This form must be completed by a registered ophthalmologist /optometrist /orthoptist. This information is used to assist in determining the athlete's classification in accordance with the respective International sports classification rules.

**PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS OR TYPING**

Athlete Personal Details	
Surname:	First Name:
Medical Information	
Diagnosis	
<p>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.</p> <p>This may include the results and sample recordings of the following where they are needed to establish and confirm a diagnosis:</p> <ul style="list-style-type: none"><li>- Pattern Visual Evoked Potentials</li><li>- Electroretinography / Electro-oculography</li><li>- Cerebral MRI</li><li>- OCT</li></ul>	
Please specify which eye condition the athlete is affected by:	
<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	
Medical history	
Age of onset:	
Anticipated future procedure(s):	
Eye medication:	
Allergies:	

Optical Aids: circle as appropriate		
Glasses	Contact lenses	Sun glasses
Prescription Goggles	Prosthetic Eyes	
Correction:		
RIGHT _____ LEFT _____		
Surname:		First Name:
<b>Clinical Examination</b>		
Visual acuity without correction		
RIGHT _____ LEFT _____		
Visual acuity with correction		
RIGHT _____ LEFT _____		
<p><b>All acuity measures are with best possible correction (glasses or contact lenses)</b> whether these are worn by the athlete during competition or not).</p> <p>Visual acuity must be measured no less than five times at different distances and using tests of varying sizes. The acuity chart must be placed at a distance of between one and six metres from the athlete.</p> <p>Acuity should be measured by one of the following:  E.T.D.R.S (Light House, New York)  THE Berkeley Rudimentary Vision Chart  The Chronister Pocket Acuity Chart  The Feinbloom Distance Test Chart (Designs for Vision inc., Ronkonkoma, NY)  Snellen acuity test can be used where these are not available</p>		
Refraction		
RIGHT _____ LEFT _____		
Type of correction:		
Measurement method:		
<p>Refraction should be measured by an Autorefractor and a box of glasses with trial frame. It may seem insignificant to change this refraction for a visually impaired person in view of apparently minor functional changes, but even a minor change may alter the athlete's classification.</p>		

Visual field: Diameter, in degrees (if applicable)		
RIGHT _____ LEFT _____		
<b>Visual field test results should be attached-</b> testing required in 120 degrees, 30 degrees, 24 degrees and 10 degrees.		
Visual Field is to be tested by full-field strategy by means of any of the following devices:		
<input type="checkbox"/> Humphrey Field Analyzer, <input type="checkbox"/> Twinfield (Oculus), <input type="checkbox"/> Octopus (interzeag), <input type="checkbox"/> Rodenstock Peristat, <input type="checkbox"/> Medmont (MAP), <input type="checkbox"/> Goldmann Perimetry Intensity III/4		
***30° central field test is not accepted		
<b>Medical Practitioner Declaration</b>		
Name:		
Qualifications:		
Business address:		
Suburb:	State:	Postcode:
Phone (w):		
<input type="checkbox"/> I certify that the above-mentioned information is medically appropriate <input type="checkbox"/> I certify that there is no contra-indication for this individual to compete at competitive level in preferred sport.		
Signature of Medical Practitioner:		Date:

Any questions should be directed to Classification Services at PA.

Organisation	Contact Details
Paralympics Australia	<b>Website:</b> <a href="http://www.paralympic.org.au">www.paralympic.org.au</a> <b>Phone:</b> + 61 2 9704 0500 <b>Email:</b> <a href="mailto:classification@paralympic.org.au">classification@paralympic.org.au</a>