

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 PA 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	<i>PT5</i> <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<i>PR3</i> <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<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
	<input type="checkbox"/> Classification not completed. Due to <ul style="list-style-type: none"> <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: _____			Medical Diagnostic Info Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments, further info required:						
Classifier: Print Name				Date		

Note:

* All 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

- Consent Form signed
- Athlete provided with copy of this result sheet on ___/___/_____
- Entered on VI Master list on ___/___/_____
- Copy provided to NF (name) _____ on ___/___/_____

I _____ (print full athlete name) agree to undergo the national classification process detailed in the International Federation of my nominated sport/s and administered by Paralympics Australia (PA).

I understand that:

- Classification is a process that requires me to answer a series of questions about my disability and training; complete activities/sport skills; and may require me to be observed during competition.
- There is a risk of injury in participating in exercises and activities and confirm that I am healthy enough to participate in the classification evaluation.
- 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
- National classification is for the purposes of Australian domestic competition.
- International competition requires an International classification. Any classification changes supersede any national classification.

I agree to:

- Release the PA and their respective executive members, directors, officers, employees, volunteers, contractors or agents from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection of my Personal Data and/or my participation in Athlete Evaluation.
- Hold the PA and the classifiers blameless if I am injured during the course of this classification process
- Comply with the requests of made by the classifier/classification panel. This includes providing sufficient medical documentation as to allow a classification panel to determine whether I comply with the eligibility requirements as outlined in the classification panel rules for my sport
- 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.
- Advise the PA/NF should I have a change in my impairment following my classification assessment through a medical review process. Failure to do so may be considered as intentional misrepresentation.

I agree and consent to:

- Be filmed and/or photographed during the classification process.
- My personal and classification data being processed and stored in any format by the PA/NF as required for classification purposes.
- 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 website of my nominated National Federation/s.

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 Athletics Australia and Paralympics Australia holds about me under data protection law by contacting Athletics Australia and Paralympics Australia.

I have the right to request a copy of the classification data held by Athletics Australia and Paralympics Australia.

My eligibility to participate in the sport of Athletics is contingent on my voluntary participation in Athlete Evaluation so that a Sport Class can be allocated to me. I may withdraw my agreement to Athletics Australia and Paralympics Australia processing and storing my Personal & Classification Data at any time. I understand that the withdrawal of my agreement to the processing and storing of my Personal & Classification Data will result in me being ineligible to participate in the sport of Athletics.

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 classification data and any filming or photographs 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	
Athlete Signature	
Date	

Mandatory where athlete is under 18 years of age, or lacks legal capacity:

Parent/Guardian Name	
Parent/Guardian Signature	
Date:	

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"/> 5 a side Football <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	

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 02 9704 0500

Original completed forms should be returned to:

Paralympics Australia
 Classification
 PO Box 596 Sydney Market NSW 2129

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