



Medical Diagnostics Form for Equestrian Athletes with Visual Impairment

This form is to be completed by an ophthalmologist with test results no more than 1 year prior to the classification request. For additional information, please see notes on pages 3 and 4. Please type or write legibly, in English.

I – ATHLETE INFORMATION

Name:

Address:

City:

State:

Zip:

Email:

Phone:

Alternate Phone:

Gender: M F

DOB:

Sport Discipline (circle all that apply):

Dressage

Reining

USEF member #:

Expiration:

I (circle one) Have / Have not been classified previously.

If classified, what was the date?

Discipline:

Profile/Grade:

Grade Status (circle one): New Review Confirmed

Athlete's Signature:

Date:

II – MEDICAL INFORMATION

A. Relevant systemic (non-ophthalmic) pathology and medical information

Not Applicable

Describe:

B. Visual/ophthalmic and associated diagnosis (summary):

C. Ophthalmic medical data

Age of onset: At present: Stable for the last years

Progressive

Anticipated future procedure(s) No Yes

Describe:

D. Eye medication and/or allergies

Medication (ophthalmic):

Allergic reactions to ocular medication:



E. Optical Correction and/or Prosthesis

Athlete wears glasses: Right eye: Sph. Cyl. Axis (°)
 Left eye: Sph. Cyl. Axis (°)
 Athlete wears contact lenses Right eye: Sph. Cyl. Axis (°)
 Left eye: Sph. Cyl. Axis (°)
 Athlete wears eye prosthesis _____ Right _____ Left

F. Visual Acuity

Visual Acuity	Right eye	Left eye	Binocular
With Correction			
Without Correction			
Measurement Method (check)	LogMar _____	Snellen _____	Other _____
Correction Used for testing (check)	Glasses _____	Contacts _____	Trial lenses _____
Right eye	Sph _____	Cyl _____	Axis (°)
Left eye	Sph _____	Cyl _____	Axis (°)

G. Visual Field (Visual Fields graphics must be attached)

Equipment Used:			
Pupil Diameter: mm		Date of testing:	
Periphery isopter	Right eye	Left eye	Binocular
Amplitude in degrees (radius)	Right eye	Left eye	Binocular

H. CONFIRMATION

I confirm that the above information is accurate and updated. I certify that there is no ophthalmologic contra-indication for this athlete to compete in equestrian sport.

Please see attachments to this Medical Diagnostic Form. _____ Yes _____ No (see page 3)

DOCTOR NAME (print):

Medical Specialty:

License/NPI:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Signature:

Date:



III. ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM

A. Visual field test

For all athletes with a restricted visual field, a visual field test must be attached to this form. The athlete's visual field must be tested by full field test (80 or 120 degrees) and also, depending on the pathology a 30, 24 or 10 degrees central field test.

One of the following perimeters must be used: Goldman Perimeter (with stimulus III/4), Humphrey Field Analyzer or Octopus (Interzeag) with equivalent isopter to the Goldman III/4.

B. Additional medical documentation: Specify for which eye conditions and what additional documentation is added to this document.

The ocular signs must correspond to the diagnosis and to 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 is missing, the classification may not be concluded and the athlete cannot compete.

Eye Condition	Additional Medical documentation required	
Anterior disease	none	
Macular disease	Macular OCT	Right / Left
	Multifocal and/or pattern ERG*	Right / Left
	VEP*	Right / Left
	Pattern appearance VEP*	Right / Left
Peripheral retina disease	Full field ERG*	Right / Left
	Pattern ERG*	Right / Left
Optic Nerve disease	OCT	Right / Left
	Pattern ERG*	Right / Left
	Pattern VEP*	Right / Left
	Pattern appearance VEP*	Right / Left
Cortical / Neurological disease	Pattern VEP*	Right / Left
	Pattern ERG*	Right / Left
	Pattern appearance VEP*	Right / Left
Other relevant medical documentation added	Describe:	

* Notes for electrophysiological assessments (ERGs and VEPs):

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



Submitted electrophysiology tests should include:

Copies of the original graphics

The report in English from the laboratory performing the tests, the normative data range for that laboratory, 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 Electroretinogram (ERG) 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. However, it does not give any indication of macular function.
- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG 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 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.

IV – NOTES

- This Medical Diagnostic Form with all attachments required is to be scanned and emailed or sent via mail to: **Laureen Johnson, USEF, Director of Para-Equestrian, LKJohnson@USEF.org or to the address below.**
- Pages 1 and 2 must be returned. Page 3 only returned if completed by the doctor. Page 4 – do not return.
- Information will be submitted to the USBSA (US Blind Sports Association) Classifier for determination of eligibility. Once a BSA classification grade is assigned, the athlete will then be assigned a profile and grade for the specific equestrian discipline. Compensating aids for the equestrian discipline will be determined at that time. If the athlete also has physical/mobility impairments, these will need to be evaluated by the USEF/FEI Classifiers according to the FEI rules for physical impairments.

Return to:

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