

- Give this Form to the classifiers when starting the Classification panel assessment.
- Frames I, II, III to be completed by the IBSA Member and the athlete before starting the panel assessment.
- Fill the Athlete's Name and IBSA registry number (ISAS) in the top of pages 2, 3, 4 and in the top of frame VII (ISAS n°)
- Athlete's **Consent Form** and the **Confidential Commitments** from the accompanying person and the interpreter must be read in advance but only signed at Classification in front of a testimony (IV) and attached to this Classification Form before starting the panel assessment.

NE 2nd Protest Re-class. Opt. chg. CT
 only for IBSA use

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I – EVENT AND ATHLETE INFORMATION

EVENT / COMPETITION: _____ SPORT: **JUDO**
 LOCATION: _____ COUNTRY: _____
 CLASSIFICATION DAY: dd / mm / yyyy COMPETITION DATES: dd / mm / yyyy

Athlete (as in National Identification Card or Passport, to show at the Classification Panel) (copy from MDF)

Last name(s): _____ First name: _____
 Gender: Female Male Date of Birth: dd / mm / yyyy Nationality: _____
 Sport: **Judo** Registry N°: NPC/NF: _____, ISAS (IBSA): _____, SDMS (IPC): _____

II – PREVIOUS CLASSIFICATIONS (copy from MDF)

Sport: Judo

Last National Classification: Year: _____ Class: J1 J2 Other : _____
 Last International Classification: Year: _____ Place: _____
 Current International Classification: New | CNC | Protest or Reclassification accepted
 Class: Before 2022 > B1 B2 B3 NE > Confirmed Review ReviewYear: _____
 2022 or after > J1 J2 NE > Confirmed Review ReviewYear: _____
 Other International Classification for VI Sports: No Yes > Sport: _____ Last Class: _____ Year: _____

III - MEDICAL, OPHTHALMOLOGIC AND OTHER INFORMATION (copy from MDF)

A - Relevant systemic (non-ophthalmic) pathology and other medical information: No Yes
B - Eligible visual impairment - Diagnosis (underlying health condition): _____
C - Other visual, ophthalmic and associated diagnosis (short): _____
D - Other ophthalmic / medical information: Age of onset: _____ **At present** > Stable the last _____ years
 Progressive | Anticipated future procedure(s): No Yes > _____ when: _____
E - Eye medication and allergies: Ophthalmic medication used by the athlete: No Yes > _____
 Allergic reactions to ocular drugs: No Yes > _____
I - Athlete wears optical correction or other optical devices when competing? No Yes (Copy from MDF)
 if yes:
Contact lenses: > Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)
Year of prescription: _____
Filters or other optical devices: No Yes > What: _____
Prosthesis: No Yes > Right eye Left eye

**IV - Athlete's "CONSENT FORM" , Accompanying person "CONFIDENTIAL COMMITMENT FORM" ,
 Interpreter "CONFIDENTIAL COMMITMENT FORM" , signed, dated and attached**

To be filled by the National Federation and Athlete before the Classification Panel assessment

V – CLASSIFICATION

Autorefractor No Yes
 Not Possible attached or >

Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)

Glasses or **Contact lenses** .
 when testing the VA

Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)

VISUAL ACUITY

VA ASSESSMENTS

FINAL Monocular only if better	BINOCULAR	MONOCULAR	
		RE <input type="checkbox"/>	LE <input type="checkbox"/>
Without correction			
Own Correction Glasses <input type="checkbox"/> or C.L <input type="checkbox"/>			
Autorefractor/ Trial Correction			

BINOCULAR							STE	RE	LE
							25		
							40		
							63		
							100		

VISUAL FIELDS

Pupil diameter (valid ≥3mm): _____ mm **Cooperation:** Good Poor **Date:** dd / mm / yyyy
Equipment: Goldmann Humphrey (FF120 test pattern) Octopus (07 test pattern) **Isopter tested:** III/ 4e
Binocular Amplitude (diameter): _____ ° (degrees)

Comments: _____

COMMENTS ABOUT ASSESSMENT AND PATHOLOGY: Cooperation Good Poor > _____

DOCUMENTS: Attached here: No Yes

Required for next Classification: Right eye Left eye

Visual Fields	
Medical report only	ERG
Anterior segment colour photo	Multifocal ERG
Fundus colour photo	Pattern ERG
Retinal fluoresceine angiography	Full field ERG
Ocular echography	VEP
OCT	Pattern VEP
Macular OCT	Pattern VEP with objective VA

VI - FINAL CLASSIFICATION DECISION

CLASS: J1 J2 NE > 1st / 2nd panel **CNC** **After Protest**
STATUS: Confirmed **Review** (next time) **Review** year _____ **CT**
Required next Classification: No Yes see table above

CLASSIFIERS :

Classification date : dd / mm / yyyy

Name (stamp) _____

Signature _____

Name (stamp) _____

Signature _____

ATHLETE: I acknowledge that the Classification decision has been discussed with me.

Name _____

Signature or fingerprint _____

To be filled by International Classifiers at the VI Classification

ATHLETE CONSENT FORM FOR EVALUATION ON VI CLASSIFICATION AND FOR DATA STORAGE AND PROTECTION - SPORT: JUDO

- 1 - I agree to undergo the Athlete Evaluation process detailed in IBSA documents and administered by the appointed Classification Panels and teams.
- 2 - I confirm, under my knowledge, that I am healthy enough to compete in the above-mentioned sport.
- 3 - I understand that Athlete Evaluation requires me to give my best effort and cooperation. The failure to do so may result in me being suspended from Classification. Any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during the Athlete Evaluation process may result in me facing disciplinary action with eventual disqualification from competitions and other penalties as set out in IBSA and Sport Rules and Regulations.
- 4 - I understand that a full Classification process is not restricted to the assessment by the Classification Panels and also I understand that discrepancies between the performances I demonstrate during the Athlete Evaluation process and that which I reveal during the competitions can also lead to an investigation process leading to a new classification and/or my disqualification and other penalties
- 5 - I understand that I have to comply with the requests made by the Athlete Evaluation process including, but not restricted to the assessment by the Classification Panel. It also includes me to provide sufficient documentation to allow the Classification Process to determine whether I comply with the eligibility requirements. I understand that if I fail to comply with any of such requests the Athlete Evaluation may be suspended without a Sport Class being allocated to me.
- 6 - If I do not agree with the results of the Classification Panel, I agree to abide by the protest and appeals process as defined in the IBSA and Sport Classification Rules and Regulations.
- 7 - I agree to be accompanied, during the assessment by the Classification Panels, by one person designated by the National Federation who signs a Confidential Commitment. As well, when needed, by a designated English interpreter to help me on the Classification assessment who also signs the Confidential Commitment.
- 8 - I agree to be photographed and/or audio or visual recorded by IBSA staff and officials, including classifiers, as part of the Athlete Evaluation process and it may include my activity on and off the play field, during the classification panel assessment, the trainings and competitions.
- 9 - As per the previous agreement I signed in the "IBSA Athlete Eligibility Agreement" document and under the current and updated rules and laws applicable to personal data and medical protection, I agree and consent IBSA and the designated Sport under IBSA supervision, to collating, processing and retaining my personal data in any format, and it includes, but is not limited to my full name, gender, birth date, country, Sport, Sport Class and Sport Class Status, medical documents and information collected for the classification process. Unless it is anonymized and/or there is a legal purpose for disclosing and retaining it, the abovementioned information of my personal data will not be used in any other way to which I provided the express consent.
- 10 - I hereby release IBSA and its respective members and staff, including the appointed classifiers connected to my process of Athlete Evaluation, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection storage and use of my Personal Data by the IBSA and/or my participation in Athlete Evaluation.
- 11 - I understand that at any time, I have a right to access, correct restrict or erase my Personal Data that IBSA holds about me. I also understand that my eligibility to participate in the sport competitions is contingent on those provisions and withdrawn it at any time can result in me being ineligible to participate in the above designated sport competitions.
- 12 - I have read and agree to comply with this ATHLETE CONSENT FORM FOR EVALUATION ON VI CLASSIFICATION AND FOR DATA STORAGE AND PROTECTION. The information set out in this document is correct.
- I wish to assist IBSA in developing the Classification system and therefore allow my data collected to be used for research and educational purposes by IBSA in perpetuity, provided such Personal Data is anonymized prior to any disclose or publication.

THE ATHLETE:

Name (capital letters) Signature or finger print _____ Date (dd/ mm/ yyyy)

Parent / Guardian (mandatory if the Athlete is under eighteen (18) years of age)

Name (capital letters) Signature _____ Date (dd/ mm/ yyyy)

(continue next page)

Classification Form - Consent Form / Judo (January 2022) Page 3 / 4

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VII - FINAL CLASSIFICATION DECISION (Athlete ISAS _____) Date: : dd / mm / yyyy

CLASS: J1 J2 NE > 1st / 2nd panel CNC

STATUS: Confirmed Review (next time) Review year _____ CT

Required next Classification: No Yes >

Visual Fields		ERG
Medical report only		Multifocal ERG
Anterior segment colour photo		Pattern ERG
Fundus colour photo		Full field ERG
Retinal fluoresceine angiography		VEP
Ocular echography		Pattern VEP
OCT		Pattern VEP with objective VA
Macular OCT		

CLASSIFIERS :

Classification date: dd / mm / yyyy

Name (stamp) Signature _____

Name (stamp) Signature _____

----- XXXX -----

CONFIDENTIAL COMMITMENT FORMS FOR ACCOMPANYING PERSON AND INTERPRETER

- 1- As Accompanying person and /or Interpreter appointed to help the above athlete on the Classification Panel assessment, I confirm I was accepted by the athlete.
- 2- I confirm I am committed to not disclose by any ways and in any places, what was revealed concerning the Athlete Personal Data and it includes all the medical information either released by documents, shared by the athlete to the Classifiers or by my own judgment.
- 3- I swear to not cooperate in false information and misrepresentation.

THE ACCOMPANYING PERSON: I agree with the above Confidential Commitment Form Date : dd / mm / yyyy

Name: _____
Name (capital letters) _____ Signature _____

ID or Passport n°: _____ **Nationality:** _____

THE INTERPRETER: I agree with the above Confidential Commitment Form Date : dd / mm / yyyy

Name: _____
Name (capital letters) _____ Signature _____

ID or Passport n°: _____ **Nationality:** _____

----- XXXX -----

TESTIMONY: Name: _____ **Date :** dd / mm / yyyy

I certify the above signatures from the **Athlete** (or the representative Parent or Guardian), from the **Accompanying person** and from the **Interpreter** were done in my presence and I confirmed the identities of each of them:

ID or Passport n°: _____ **Nationality:** _____ **Signature:** _____



KEEP BLANK

KEEP BLANK