

INTERNATIONAL
B L I N D
S P O R T S
FEDERATION

IBSA CLASSIFICATION MANUAL FOR IBSA MEMBERS

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PREFACE BY THE IBSA PRESIDENT - Jannie Hammershoi

Dear IBSA Members

We would like to introduce our first IBSA classification manual compiled by our experienced classifiers Jose L Doria and our Medical Director Aspazia Vouza. It covers all aspects of classification procedure in IBSA and includes all new documentation that will be implemented in January 2017.

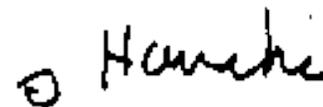
Classification is absolutely necessary for all athletes in IBSA: it ensures fairness and equality in IBSA competitions where athletes compete in 3 classes adapted to their visual abilities. Each sport class describes the athlete's activity limitation accurately.

We have produced three manuals:

- 1) IBSA Classification Manual for IBSA Members;
- 2) IBSA Classification Manual for Organisers of IBSA Sanctioned Competitions;
- 3) IBSA Classification Manual for VI Classifiers.

We are sure that these manuals will be very useful not only for our classifiers, our Federation members but also to the Local Organising Committees of competitions for IBSA sports.

We also welcome feedback from all our members.

A handwritten signature in black ink, appearing to read "Jannie Hammershoi". The signature is written in a cursive, slightly slanted style.

A NOTE FROM THE IBSA MEDICAL DIRECTOR – Aspasia Vouza

This updated manual has been developed by a large number of people from the VI community. From athletes to coaches and many others, comments derived from the old manual guidelines stimulated both positive and negative suggestions. All were reviewed and where changes were possible they were entered into this new edition.

The **purpose** of classification cannot be repeated too many times. It is simple to assure athletes are entered into international competitions as blind competitors, and secondly, in the class of their visual disability. In addition, a status is awarded according to the stability of their disease, the quality of their classification, and their chances of future visual rehabilitation. Classification is now a standardized instrument to attain these endpoints but visually disabling diseases do progress and/or improve, as do human responses to the classification process. There will always be inconsistencies in classification but they are now minimal and will continue to be decreased as classification becomes more sophisticated.

We encourage all members of the VI community to review this manual and to send changes and clarifications to **medical@ibsasport.org**. To ignore its contents is to risk misunderstandings at classification venues. We all want an equitable environment where athletes can compete with full confidence that a fair classification process has been performed. Readers of this document will find they are more aware of details in classification and will also be aware of its strengths. Misunderstandings should diminish as we have seen with the present system when it was introduced years ago. But, further developments will occur with input from all stakeholders, and we encourage this from you.



IBSA - VI CLASSIFICATION

IBSA – The International Blind Sports Federation was founded in 1981 and currently hosts about 130 members from all 5 Continents. Its first constitution was legally formalized in 1985, but it has been revised and amended at several General Assemblies. Since 2014, IBSA's legal domicile has been at Adenauerallee 212-214, D-53113 Bonn, Germany. IBSA's main aim is to organize sports competitions and activities where blind and partially sighted can compete in equal conditions with their peers. This is achieved through the work of the governing bodies: the IBSA Executive Board, IBSA Management Committee, IBSA Sports Technical Committee, IBSA Medical Committee and the IBSA Subcommittees for each IBSA sport. (<http://www.ibsasport.org/history/>)

It is important to note that IBSA hosts not only three of the paralympic sports (football 5 a side, goalball and judo), but also other sports for blind and partially sighted athletes (chess, nine pin and ten pin bowling, powerlifting, shooting, showdown, torball) not yet under the paralympic sports list. For visually impaired sports, the International Paralympic Committee supervises athletics, swimming, alpine skiing and nordic skiing. V.I. archery, cycling, equestrian, rowing, sailing and triathlon are under international independent federations.

Classification of visually impaired athletes provides a structure for competition and is undertaken to ensure that the athlete competes equitably with other athletes. It provides a systematic method for determining eligibility to compete and to group the athletes into "classes", according to their visual abilities, acting as the framework for competitions. IBSA V.I. Classification is supervised by the IBSA Medical Director, assisted by a Classification Committee with appointed classifiers from each Continent. Classifications are carried out by International V.I. Classification Panels, with IBSA and IPC accredited classifiers, appointed by the IBSA Medical Director.

IBSA advises all NFs to arrange at least, an annual evaluation of all their athletes even those "Confirmed" in international classification. Remember that international classification cannot be taken as a full medical assessment: responsibility regarding risks concerning general and visual health will, as always, remain under the National Federation.

Prior to competing in all IBSA Continental, Intercontinental or World Championships, all athletes must undergo IBSA Classification and athletes without a valid Sport Class and a Sport Class Status are not eligible to compete. From 2015 all athletes have required to be registered and licensed on the IBSA ISAS database where all classification documentation for every IBSA athlete is stored. In cooperation with IPC, IBSA and other independent Sport Federations are running a continuing process in order to guarantee a better, more objective and evidence based methodology of visual classification, leading in the near future to a sports-specific V.I. Classification. Although, reviewing and improving the current model of V.I. Classification is always a requirement, for better standardizing of the assessment of the visual acuity, visual fields and classification classes, the review periods are used.

(1). IBSA - VI CLASSIFICATION PROCEDURES FOR SPORT EVENTS

These procedures are to streamline and capture the full procedure for classification at IBSA events. Classification is mandatory (at least 2 panels) at all sanctioned competitions: Continental, Intercontinental, World Games and/or Championships and is by request for other meetings and events where one panel can be appointed but in these cases an athlete given an NE (not eligible) decision cannot be solved and this must be put on hold until another classification opportunity with 2 panels. This procedure is in line with the procedure for bidding and awarding IBSA events and with the Classification procedures and Classification rules.

After the LOC has signed the contract for hosting the event:

- The Sports Committee and Local Organizers make a request to the IBSA Medical Director for classification (B ref.6, 10) at least 3 months prior to the event. It is strongly advised that a request is done before 15 November the previous year and later requests will have no priority or an IBSA guarantee to have available classifiers.
- In the request there must be all relevant information: name of the competition, place, classification and competition dates, number of classification panels required and also an estimation of the number of athletes to be classified.
- When dates are changed after the Medical Director has appointed the classifiers, the guarantee to have classifiers available is no longer viable and a penalty can incur as well for cancelled events.
- The Medical Director (with assistance from the Classification Administrator) sends out a letter to classifiers asking about their availability and together a schedule is made.
- The Medical Director appoints the classifiers and the Chief classifier and sends the confirmation to the specific Sports Committee, LOC and classifiers.
- Within 2 weeks after the classifiers have been appointed, LOC sends an invitation letter (e-mail) to all the classifiers, with a copy to the IBSA Medical Director and IBSA Classification Administrator and commences the arrangements). This invitation must include a copy of all relevant information above: name of the competition etc etc.
- Cooperating with the Chief Classifier, the Classification Administrator contacts the LOC and makes a survey of locations and dates and provides the LOC with the criteria for classification as described in the IBSA Classification Rules and Procedures and IBSA Classification Manual.
- The LOC communicates (through their entries) with IBSA members regarding the registering and licensing of their athletes in the ISAS database in order to participate.
- Eight weeks before classification LOC sends the list of participants to the Classification Administrator, with a copy to the Medical Director and Chief Classifier.
- Participating member organisations have to register and license the athletes who will participate. This registration includes the upload of the Medical Diagnostic Forms (MDF) in the IBSA Sports Administration System (ISAS). The limit is 6 weeks before the first classification day.
- The Classification Administrator checks in ISAS to ascertain that all participants have a license and the MDF's are uploaded.
- The Chief Classifier with the help of the other classifiers check the MDF's in the database and other relevant data of the athletes who will be classified. He must send feedback to the CA.
- The Classification Administrator advises the LOC those who are ready for classification.
- The Classification Administrator makes the classification schedule in cooperation with the Chief Classifier and the LOC.

- **Classification takes place. Results of classification are directly administered by the Chief Classifier. Athletes receive a copy of the classification of their classification at the end of each of their classification. Daily classification lists are posted, with a specific posting hour stated in advance.**
- **The Chief classifier instructs the LOC to make copies of the daily classification results and of the Final Classification List.**
- **The Classification List is posted and copies will be sent by mail to the IBSA Medical Director, Classification Administrator and the Competition Director.**
- **The Chief Classifier checks the Classification Forms and the Final Classification List and packs them in secure and water-proof envelopes to be sent by c o u r i e r by LOC no later than when the competition is finished to:**

**IBSA VI ASSIST
Club Sportiv Lamont
Strada Aurel Vlaicu 11/29
400069 Cluj Napoca
Romania**

- **IBSA Assist scan the original Classification Forms and upload them onto the individual athlete's files in the ISAS database. They also produce an updated Sport Classification Master List available at the latest 1 month after competition.**
- **IBSA Members check for inconsistencies and errors in the Master List and report them to the Classification Administrator and Medical Director in order for it to be corrected.**
- **A Final Sport Classification Master List will be available no later than 1 month after the competition.**

IBSA ISAS DATABASE

How to register your athlete on the ISAS database

Apply for your username and password from: ibsaassist@gmail.com

Prepare your documentation before you log in to the database:

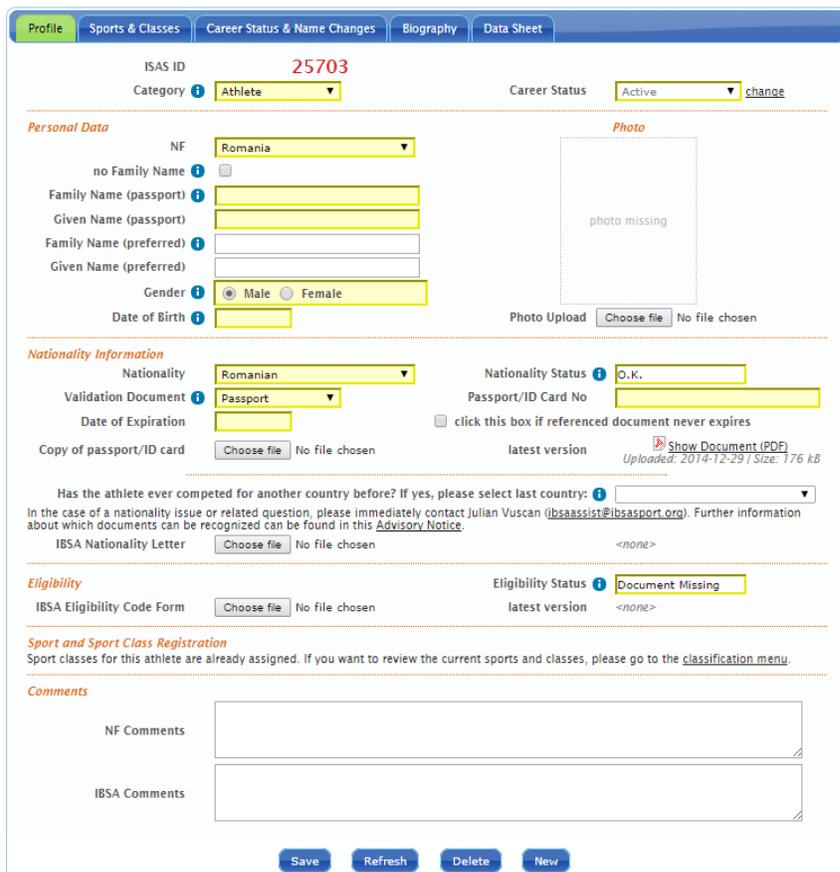
1. Scanned PDF of the passport of your athlete (Max. Size = 1 MB)
2. Scanned PDF of the Eligibility Form (Max. Size = 1 MB)
3. Scanned photo of the athlete (JPG max size 250KB)

Log in to the ISAS database at: <http://www.paralympic.org/sdms/ibsa>

All athletes who have already been classified in IBSA competitions are already on the database. (Those who have not been classified and are not yet on the database go to **Participants** and then **Register and Update**)

NB – make sure your athlete is not in the database before starting a new record.

1. Click on **Register my athletes**
2. Find your athlete that you want to register;



The screenshot shows the 'Profile' page for an athlete with ISAS ID 25703. The form is divided into several sections:

- Personal Data:** Includes fields for NF (Romania), Family Name (passport), Given Name (passport), Family Name (preferred), Given Name (preferred), Gender (Male selected), and Date of Birth. A photo upload area shows 'photo missing'.
- Nationality Information:** Includes Nationality (Romanian), Nationality Status (O.K.), Validation Document (Passport), Date of Expiration, and a checkbox for 'click this box if referenced document never expires'. A 'Copy of passport/ID card' upload area is also present.
- Eligibility:** Includes 'IBSA Eligibility Code Form' upload and 'Eligibility Status' (Document Missing).
- Comments:** Includes 'NF Comments' and 'IBSA Comments' text areas.

At the bottom of the form are buttons for 'Save', 'Refresh', 'Delete', and 'New'.

Upload the scanned documents and complete the record of your athlete and save. The unique ISAS ID for your athlete is at the top of the page. Your athlete is now ready to be approved for licensing. If there are any problems - contact: Anca Chereches: onky_c@yahoo.com or Sally Wood-Lamont: sallywoodlamont@gmail.com

Buy a License Package

Purchase a new license package **for the current year**. During the purchase, the package invoice shall be printed and immediately paid. Currently, only bank transfer payments are accepted for license packages.

NF License Packages

License Package	NF	Season	Sport	Status	Price	Total	Available
<input type="checkbox"/> S15AZEXLP01-020	Azerbaijan	Summer Season 2015		Pending	220.00 €	20	20
<input type="checkbox"/> S15GBRGLP01-010	Great Britain	Summer Season 2015	Goalball	Pending	130.00 €	10	10
<input type="checkbox"/> S15GERXXLP01-040	Germany	Summer Season 2015		Pending	410.00 €	40	40
<input type="checkbox"/> S15GREXXLP01-040	Greece	Summer Season 2015		Pending	410.00 €	40	40
<input type="checkbox"/> S15ISRXXLP01-020	Israel	Summer Season 2015		Pending	220.00 €	20	20
<input type="checkbox"/> S15JPNJULP01-020	Japan	Summer Season 2015	Judo	Pending	220.00 €	20	20
<input type="checkbox"/> S15KAZXXLP01-040	Kazakhstan	Summer Season 2015		Pending	410.00 €	40	40
<input type="checkbox"/> S15MGLXXLP01-010	Mongolia	Summer Season 2015		Pending	130.00 €	10	10
<input type="checkbox"/> S15PORGLP01-010	Portugal	Summer Season 2015	Goalball	Pending	130.00 €	10	10
<input type="checkbox"/> S15ROUXXLP01-020	Romania	Summer Season 2015		Pending	220.00 €	20	20
<input type="checkbox"/> S15RUSOBLP01-020	Russia	Summer Season 2015	Goalball	Pending	220.00 €	20	20
<input type="checkbox"/> S15SINXXLP01-005	Singapore	Summer Season 2015		Pending	75.00 €	5	5
<input type="checkbox"/> S15SWEXXLP01-020	Sweden	Summer Season 2015		Pending	220.00 €	20	20
<input type="checkbox"/> S15UKRXXLP01-040	Ukraine	Summer Season 2015		Pending	410.00 €	40	40
<input type="checkbox"/> S15UZBXXLP01-040	Uzbekistan	Summer Season 2015		Pending	410.00 €	40	40

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 For technical support, please contact Julian Vuscan at ibsaassist@ibasport.org

License Fees and Validity

The license fee and validity policy might vary from season to season by sport. IBSA will start with the following prices for license packages in the 2015 season:

5	75.-- €	15.-- € / license
10	130.-- €	13.-- € / license
20	220.-- €	11.-- € / license
40	410.-- €	10.25 € / license

License packages are only valid for one season. Remaining Licenses at the end of the year are not transferable to the following year. Only due to these policies, IBSA can offer larger packages with a discount. Multiples of the largest package are available, too, for the same multiple package fee.

Pay IBSA

Print out your invoice and send payment to IBSA

- If the status is not valid, comments will explain the issue to be resolved. Once resolved, IBSA shall be contacted for review request of the updated documents or data.
- If the athlete does not appear after the 1-3 working days, ensure that all documents and data are uploaded as required, and nationality is confirmed.

If the athlete still does not appear although the profile is correctly filled, please contact: Anca Chereches: onky_c@yahoo.com or Sally Wood-Lamont: sallywoodlamont@gmail.com

- Wait for 1-3 weekdays until IBSA has confirmed the payment of the license package. The duration of confirmation might take up to five (5) weekdays depending on your home country and way of payment. If the payment status of the package and related invoice is still pending after five (5) weekdays, IBSA has to be contacted and provided with any kind of proof (signed bank transfer documents, receipts...).

How to License your Athlete and Print Out the License and Identity Card

Go to **License Overview and Application** – put in your **summer season 2016**, sport = **judo** or **goalball** and your NF = **Italy** and immediately your athletes will appear. Tick all your athletes and then click on **add to my team** and then **license my team** after that automatically it will bring you to:

License Overview & Application

Step 1: Search for your athletes
search matrix is populated only when season, sport and NF are selected

Required Search Parameters:

Season	Summer Season 2015	x
Sport	Judo	x
NF	Italy	x

Step 2: Select your athletes
select prepared athletes and click 'Add to My Team'

Step 3: Control your team
review your selection; click 'Clear My Team' to start again

Step 4: License your team
click the button to proceed to next step

NF Season Sport
total number of athletes selected

<input type="checkbox"/>	ISAS ID	Family Name	Given Name	Licence Number	Invoice	License Status	Validity	Comments
<input checked="" type="checkbox"/>	25099	Nicolo	Emanuele Domenic			New		
<input checked="" type="checkbox"/>	25627	Cannizzaro	Simone			New		
<input checked="" type="checkbox"/>	25629	Spampinato	Benedetta			New		

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Tick against the license package number

1. Click **confirm and license** and the database will deduct the number of athletes from the number of licenses bought.
2. Repeat for each individual sport where you have athletes

npcromania (last login: 2015-01-16 23:35:08 MET; inactivity logout in 10 min) | Home | Sitemap | ISAS Manual | Edit Password | Logout |

Participants ▾ Licenses & Invoices ▾ Reports ▾

Home » License Management » Overview & Application » Finalize Licensing

License Finalization

Step 5: Check your selection of athletes and guides

NPC:

Season:

Sport:

to remove an athlete, click the name

	ISAS ID ↕	Family Name	Given Name	Type
1	25702	Bologa	Florin Alexandru	Athlete
2	25703	Kovacs	Florin	Athlete

Step 6: Select your license packages

<input type="checkbox"/>	Package Number	Sport	Available
<input checked="" type="checkbox"/>	S15ROUXLP01-020	- all -	20

only packages with confirmed payment are available

Team Size:
Licenses from selected package(s):
Required Licenses:

On selection of two or more packages, licenses are allocated beginning with the smallest package number (LPxx).

Step 7: Confirm team and package selection and license your athletes finally!

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For technical support, please contact Julia.Vuuren@ibcnsport.com

Then you can go to **Athlete ID & License Cards** and print out your athletes' license cards and ID' for the current year.



MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- To be confirmed and certified **by a registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical documentation attached.
- Must be **uploaded in ISAS** (IBSA system) **6 weeks prior** to first classification day.
- See also **Text and Notes on page 3 and 4**. More detailed indication in VI Classification Manual.

▪ **At Classification athlete must show the original of the MDF and other medical documents required.**

To be filled by the National Federation

I - ATHLETE INFORMATION (as passport data)

Last name: _____ First name: _____
 Gender: Female Male Date of Birth: ____/____/____ Nationality: _____
 Sport: _____, NPC/NF: _____, ISAS registry: _____, SDMS (IPC): _____
 National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.

 Name (stamp) Signature Date: Day / Month / Year

II - PREVIOUS CLASSIFICATIONS

Last National Classification: Year: _____ Class: B1 B2 B3 Other : _____
First International Classifications: New or Year: _____ Class: B1 B2 B3 NE
Last International Classification: Place: _____, Year: _____, Sport: _____
Actual International Class and Status: New or **Protest / Reclassification accepted** _____, or
 Class: B1 B2 B3 Status: Review (next time) or Review Year _____; NE 1st panel; CNC

To be filled by Medical Doctor - Ophthalmologist

III - MEDICAL INFORMATION

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

Yes : _____

 No

B - Visual, ophthalmic and associated diagnosis (short)

 -
 -
 -

C - Ophthalmic medical data

Age of onset: _____ At present: Stable on the last _____ years Progressive
 Anticipated future procedure(s): No Yes: _____ when: _____

D - Eye medication and allergies

Ophthalmic medication used by the athlete: No Yes : _____

 Allergic reactions to ocular drugs: No Yes : _____

Athlete: last name: _____ first name: _____

E - Optical correction and prosthesis

Athlete wears glasses: No Yes : { Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)

Athlete wears contact lenses: No Yes : { Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)

Athlete wears eye prosthesis: No Yes : Right Left

F - Visual Acuity

<u>Visual Acuity</u>	Right eye	Left eye	Binocular
With correction			
Without Correction			

Measurement Method: LogMar Snellen Other: _____

Correction used Glasses Contact lenses Trial lenses

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

G - Visual Field (IMPORTANT: Visual fields graphics must be attached)

Equipment used: _____ Pupil diameter: _____ mm
 Date: ____/____/____

Periphery isopter	Right eye	Left eye	Binocular

Amplitude in degrees (diameter)	Right eye	Left eye	Binocular

- 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 the above mentioned sport
- Attachments added to this Medical Diagnostic Form : No Yes: see and check in page 3

Name: _____

Medical Specialty: **Ophthalmology** , National Registration Number: _____

Address: _____

City: _____ Country: _____

Phone: _____ E-mail: _____

Date: ____/____/____ Signature: _____

To be filled by Medical Doctor - Ophthalmologist

Athlete: last name: _____ first name: _____

IV - ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM

1. 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

2. Additional medical documentation: Specify which eye conditions the athlete is affected and what additional documentation is added to the Medical Diagnostic Form.

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 missing, the classification may not be concluded and the athlete cannot compete.

To be filled by Medical Doctor - Ophthalmologist	Eye condition	Additional medical documentation required
<input type="checkbox"/> Anterior disease		none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none"> ▪ <input type="checkbox"/> Macular OCT ▪ <input type="checkbox"/> Multifocal and/or pattern ERG* ▪ <input type="checkbox"/> VEP* ▪ <input type="checkbox"/> Pattern appearance VEP* 	<ul style="list-style-type: none"> <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"> ▪ <input type="checkbox"/> Full field ERG* ▪ <input type="checkbox"/> Pattern ERG* 	<ul style="list-style-type: none"> <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"> ▪ <input type="checkbox"/> OCT ▪ <input type="checkbox"/> Pattern ERG* ▪ <input type="checkbox"/> Pattern VEP* ▪ <input type="checkbox"/> Pattern appearance VEP* 	<ul style="list-style-type: none"> <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"> ▪ <input type="checkbox"/> Pattern VEP* ▪ <input type="checkbox"/> Pattern ERG* ▪ <input type="checkbox"/> Pattern appearance VEP* 	<ul style="list-style-type: none"> <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye
<input type="checkbox"/> Other relevant medical documentation added	<ul style="list-style-type: none"> ▪ <input type="checkbox"/> _____ ▪ <input type="checkbox"/> _____ ▪ <input type="checkbox"/> _____ 	

*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, the use of visual electrophysiology can be helpful in demonstrating the degree of impairment.

Submitted electrophysiology tests should include: 1- Copies of the original graphics; 2- 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 a specialised 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 (MDF) with all attachments required is to be **uploaded in ISAS** (IBSA data base system) **only by the IBSA Member and 6 weeks prior** to the first classification day (<http://www.ibsasport.org/isas>).
- **Pages 1 and 2 of this MDF are mandatory to upload. Page 3 is only needed when checked by the doctor.** No need to upload page 4.
- **Only pdf. format is accepted.** Other formats will be deleted.
- **Name the files as:** Country (3 capital letters) _ Athlete last name and Capital letter of first name_ Medical document (MDF; VF; ERG; VEP; OCT ...) add r for report. **Examples:** GBR_TaylorJ_MDF.pdf / GBR_TaylorJ_VF.pdf / GBR_TaylorJ_ERG.pdf and GBR_TaylorJ_ERGr.pdf
- **Athletes without correct MDF will not be classified** (and cannot compete).
- **Athlete must carry to the Classification the originals of this MDF and all other required attachments, reports and relevant medical tests.**

If there are any questions or problems please contact IBSA Assist at ibsaassist@gmail.com

PROCEDURE FOR CLASSIFICATION AT AN IBSA COMPETITION

An athlete will only be permitted to undergo International Classification at IBSA competitions if he/she:

- STEP 1: Has an IBSA **ISAS** license; for more information contact: ibsaassist@ibsasport.org
- STEP 2: Has uploaded the required Medical Diagnostics documentation on the ISAS database and applied for a place on the classification programme in the respective competition.

Medical Diagnostics Form for Athletes with Visual Impairment

To facilitate our classifiers and to ascertain that the athlete is correctly classified, it is compulsory that the **IBSA Medical Diagnostics Form (MDF)** be completed for each athlete and uploaded on to the ISAS database **at least 6 weeks** before they undergo classification. Any additional medical reports as outlined on the form should be also uploaded and should be named as is explained below. This allows our classifiers to have enough time to review the documentation and if necessary ask for more information. The following conditions apply:

- The MDF form **must** be completed in English and by a registered ophthalmologist in your country;
- All medical documentation on pages 2-3 needs to be scanned and attached. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.
- The form and any additional medical documentation e.g. electrophysiological assessments (VEPs and ERGs), should not be older than 12 months at the time of the Athlete Evaluation.

IBSA will schedule all athletes with a **new**¹ or **review**² status. Where classification schedules at a competition are full, new athletes will take priority over review athletes.

How to upload the Medical Diagnostics form and related material into the ISAS database

Your athlete must be already registered on the ISAS database with a copy of the passport, recent photo and IBSA Eligibility Form.

1. Scan the Medical Form Document (MDF) into a **PDF** (Max. size 1280KB) – **jpg or word docs are not acceptable**
2. Name your MDF in this way: : (3 CAPITAL letters for **Country code** + underscore + **first 2 letters** of the first given name small letters **and all the last family name** in CAPITAL letters (as it is on passport) **all together (no spaces)** :
 - **Example:** Anna Merkovic from Uzbekistan – File name = **UZB_anMERKOVIC_MDF1.pdf**
3. Log in to the ISAS database;
4. Under “participants” click on Classification;
5. Select the athlete you wish to upload medical information;
6. Click on the “Documentation + relevant sport “ Tab;
7. Upload the MDF to “**Medical Form 1**”;

8. Upload any other medical documentation including ERG, VF, OCT medical tests to **“Medical Form 2”** again naming your files as in item 2.
 - **Example: UZB_anMERKOVIC_ERG.pdf** + medical exam abbreviation in CAPITAL letters : ERG: VF: OCT

The screenshot shows the IBSA Sport Administration System interface. At the top, there are logos for IBSA and ISAS. Below the navigation bar, the breadcrumb trail reads: Home » Participants » Athlete Classification » Update » 25702 - Bologa, Florin Alexandru (ROU). The main heading is "Classification of 25702 - Bologa, Florin Alexandru (ROU)".

The "Documentation - Judo" section is active, showing a table for uploading files. The table has the following rows:

Document Type	File Name	File Size	File Type	Action
Classification Sheet 1	-----	-----	-----	Choose file No file chosen
Classification Sheet 2	-----	-----	-----	Choose file No file chosen
Classification Sheet 3	-----	-----	-----	Choose file No file chosen
Classification Sheet 4	-----	-----	-----	Choose file No file chosen
Medical Form 1	-----	-----	-----	Choose file No file chosen
Medical Form 2	-----	-----	-----	Choose file No file chosen
TSAL Form	-----	-----	-----	Choose file No file chosen
Protest Sheet	-----	-----	-----	Choose file No file chosen

Below the table, there is an "Archive" section which is currently empty. At the bottom of the page, there is a "back to search" button and a footer with copyright information: © 2014 International Blind Sports Federation, powered by the International Paralympic Committee, Nijmegen 2419, 3704VJ Zeist, The Netherlands - please also visit our website at www.ibsasport.org. For technical support, please contact Julian Vuscan at ibsaassist@ibasport.org.

¹ **NEW** athletes: athletes that have never participated in an international IBSA or IPC approved competition.

² **REVIEW** Athletes:

- Athletes that have been classified and are given a Review **without a date** meaning that they must present for classification at the very next competition;
- athletes that have been given a Review with a date meaning they **must present for classification** at the the first competition in that year;
- athletes whose eyesight has deteriorated and would like to ask for a re-classification;



UPDATE FORM FOR OPTICAL CHANGES

- Needed when the optical aids or correction **used at competition** has changed and **is different** from the one mentioned in the last Classification Form (check ISAS), even if it does **NOT CHANGES** the athletes current sport **CLASS**.
- To be **fully filled in English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- To be completed **by the NF and the athlete** and **uploaded in ISAS 2 weeks prior to Competition**
- Failure to make this updated information will be considered as Intentional Misrepresentation on the part of the Athlete with full consequences.

I - ATHLETE INFORMATION (as passport data)

Last name: _____ First name: _____
 Gender: Female Male Date of Birth: ____/____/____ Nationality: _____
 Sport: _____, NPC/NF: _____, ISAS registry: _____, SDMS (IPC): _____
 National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents about it.
 National Paralympic Committee (NPC) or National Federation (NF) certifies that there is no vision improvement with the new optical correction / aids used by the athlete with consequences in changing the sport Class given in the last International classification.

_____ / _____ / _____
 Name (stamp) Signature Date (dd/ mm/ yyyy)

II - LAST INTERNATIONAL CLASSIFICATION

Last International Classification: Place: _____, Year: _____, Sport: _____
 Actual International Class and Status:
 Class: B1 B2 B3 Status: Review (next time) or Review Year _____; NE 1st panel; CNC

III - INFORMATION ABOUT NEW OPTICAL AIDS

Used at competition: Optical aids: No Yes / Prosthesis No Yes : Right eye Left eye

Spectacles Contact lenses Sun or filter glasses

Optical correction used at competition: Right eye: Sph. _____ Cyl. _____ Axis (°)
 Left eye: Sph. _____ Cyl. _____ Axis (°)

I confirm that the above information is accurate and updated

Athlete name: _____
 City: _____ Country: _____
 Phone: _____ E-mail: _____
 Date: ____ / ____ / ____ Athletes signature: _____

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

CLASSIFICATION FORM (CF) FOR ATHLETES WITH VISUAL IMPAIRMENT

INSTRUCTIONS:

Be sure the athlete's name and ISAS registry is filled in the top of page 2 and 3.

Page 1 must be filled prior to arriving to Classification (preferable at NF, before traveling).

1. Read it carefully; fully fill it in English, typed or in Capital letters, with black ink.

2. All frames must be completely filled.

3. **Frame I Athlete information** –

- ISAS (IBSA) number is mandatory as well as SDMS (IPC) when applicable.

- Name (stamp) and Signature of NPC or NF is mandatory, and the date.

4. **Frame II Previous Classification** -

- There is place for the National Classification, for the First international Classification (when possible) and for the Last International Classification.

- Actual International Class and Status is mandatory and must be the same as in the last updated ISAS registry and IBSA Sport Master List (or the IPC SDMS, when applicable).

5. **Frame III Medical Information** –

- **A:** You can find it in the current Medical Diagnostic Form (MDF), in the Medical Information frame. Please copy here only what is related with general health/pathology and **NOT** what concerns eye or ophthalmologic pathology.

- **B to E:** You can find it in the current Medical Diagnostic Form (MDF), in the Medical Information frame. Copy only what concerns eye or ophthalmologic pathology.

In Medical History and from the athlete information you have what is about stable or progressive ophthalmologic disease and what is about anticipated future procedures.

In the specific frames of the current Medical Diagnostic Form (MDF) you have the eye medication and eye allergies.

In the current Medical Diagnostic Form (MDF) and from the athlete information you have the optical aids (glasses, contact lenses or filters) used at competition.

IMPORTANT – this optical aids information must be the same one that the athlete will use at the competition and it needs to be carried to Classification.



CLASSIFICATION PROTEST FORM

- Protests can only be submitted by a designated representative of an IBSA Member, National Paralympic Committee and International Federation or, under exceptional circumstances, by the Chief Classifier or a member of the Governing Board of IBSA or IPC.
- Protest must be submitted to the Chief Classifier less than 1 hour after the first posting of the Classification Results where the athlete protesting is mentioned. (Not applicable to protests under exceptional circumstances).
- Protest fee will be reimbursed ONLY when the Protest is accepted and the Classification Class is changed (Classification status is not considered).
- To be completed fully in **English**, in **CAPITAL LETTERS**, typed or **black ink**.

I - COMPETITION

Sport: _____ Competition: _____
 Local: _____ Country: _____
 Competition days: _ / / to _ / / Classification days: _ / / to _ / /
 Classification Local: _____

II - DETAILS OF ATHLETE PROTESTING (as stated in passport)

Last name: _____ First name: _____
 Gender: Female Male Date of Birth: _ / _ / Nationality: _____
 Sport: _____, NPC/NF: _____, ISAS (IBSA): _____, SDMS (IPC): _____

III – PROTEST LAUNCHED BY

A - IBSA Member National Paralympic Committee National Federation:
 Name: _____
 Fee Paid: No Yes: Amount: _____, currency: _____
B - Under exceptional circumstances (no need of fee):
 Chief Classifier, International Paralympic Committee Board member, IBSA Board member:
 Name: _____
A or B - Signature: _____ Date: ___/___/___ Hour: ___:___ minutes

IV – REASON FOR PROTEST (Identify clearly what are the grounds for the protest. If possible, provide a specific reference to the sport class and/or eligibility criteria and to the relevant article(s) of the classification rules and regulations)

V – PROTEST RECEIVED BY

Chief Classifier or Other authorized member, name: _____
 Fee Received: No Yes: Amount: _____, currency: _____
 Signature: _____ Date: ___/___/___ Hour: ___:___ minutes

Athlete: last name: _____ first name : _____ ISAS registry: _____

Protest declined. (no fee reimbursement) Reason: _____

Protest accepted:
New assessment: Place: _____ Time: day ___/ ___/___, hour ___:___ minutes
Chief Classifier, name: _____
Signature: _____ Date: ___/___/___

VII – REASSESSMENT RESULT (a new Classification Form is mandatory)

After new assessment:
CLASS: B1 B2 B3 NE CNC
STATUS: Confirmed Review (next time) Review 2 Years (Year _____) Review 4 years (Year _____)
NEEDED FOR A NEXT CLASSIFICATION: Visual Fields Electrophysiology of vision OCT other:

Following an accepted Protest, the Class and Status after the reassessment will apply, with full consequences

Class changed after new assessment?: No - No fee reimbursement Yes - Fee reimbursement
Chief Classifier, Signature: _____ Date: ___/___/___

Who launched the Protest: Name: _____
 - I confirm that I have received the full reimbursement of the protest fee
 - I have NOT received the reimbursement of the protest fee
Signature: _____ Date: ___/___/___

VIII - PROTEST FEE RETAINED BY

Name	of	IBSA	Official	who	retains	the	protest	fee: ___
					Fee	retained	-	amount: _____
								currency: _____

1. The **Consent Form for Evaluation** can be read in advance but it is to be signed by the athlete only at Classification and at the same time checking the athlete's passport or identity card, with photo.
2. The bottom of page 3: **Detach and give to the athlete after Classification**, the athlete identification, the sport, the classification local and the year must be filled in advance to the Classification.

To be filled by NF

Athlete: last name: _____ first name : _____

IV – FEE

Fee paid: Amount: _____, currency: _____ Date: ____/____/____

Bank accounts: Origin: **NIB:** _____ Transfer to: **NIB:** _____

IBAN: _____ **IBAN:** _____ **BIC/SWIFT:** _____

BIC/SWIFT: _____

National Paralympic Committee or National Federation: _____

Name (stamp)

Signature

____/____/____
Date: Day Month Year

Fee received: No Yes

IBSA Treasurer :

Signature

____/____/____
Date: Day Month Year

~~**Class changed after classification review:** No (no fee reimbursement) Yes (fee reimbursement)~~

Fee reimbursement: Amount: _____, currency: _____ Date: ____/____/____

Sent to bank: **NIB:** _____

Paid cash

IBAN: _____

BIC/SWIFT: _____

IBSA Treasurer, or _____ :

Name

Signature

Received

Name

Signature

To be filled by IBSA

V – REASSESSMENT RESULT

After classification review : **Class changed:** No (no fee reimbursement) Yes (fee reimbursement)

CLASS: B1

B2

B3

NE

CNC

IBSA Eligibility Agreement - Athlete

National IBSA member Federation			
Country		Sport	
Family Name			
Given Name			
Date of birth (DD/MM/YYYY)		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

This Eligibility Agreement is an important document (this version of which supersedes all prior versions) which governs my participation in IBSA Competitions.

This Agreement commences on the date I sign below and, subject to the provisions set out below, continues, unless specified otherwise, in full force and effect until I cease to compete in IBSA Competitions (Term).

I understand that as an athlete licensed to compete in IBSA Competitions and as a condition of being licensed to compete and in consideration of the acceptance of my participation in IBSA competitions I agree to the following;

- to be filmed, televised, photographed, identified and otherwise recorded during any IBSA Competition; and that my captured or recorded image, together with my name, likeness, voice, performance and biographical information, may be used in any content, format and through any media or technology whether now existing or created in the future by IBSA and third parties authorised by IBSA shall be entitled to keep these images and to use them in a commercial and non commercial manner for any purpose in relation to the celebration and promotion of the Blind Sports Movement;
- that all photographs and moving images taken by me at any IBSA Competition, including those of athletes competing within any official venue during these competitions, shall be used solely for personal and non-commercial purposes, unless prior written consent is obtained from the IBSA;
- to comply with the IBSA bylaws, Sports Technical Rules and Classification Rules of the sport in which I am participating, and any other rules or regulations that apply to my participation at an IBSA Competition. These documents can be found on the IBSA website or can be obtained upon request and I understand that I am deemed to have read and understood them;
- that my entries to IBSA Competitions will be administered through my National IBSA Member Federation;
- to accept the criteria of eligibility, qualification and participation laid down by the IBSA for the various IBSA Competitions;
- to abide by the principles of fair-play and non-violence and to behave myself accordingly during the IBSA Competition;
- to comply with the IBSA Anti-Doping Code and, in particular not to take, possess and traffic any substance or use methods prohibited by the applicable World Anti-Doping Code Prohibited List. I also agree that anti-doping organisations, law enforcement and border services agencies may share my personal information with IBSA to assist in the enforcement of the IBSA Anti-Doping Code
- not to participate or assist in any gambling or betting activities associated with any IBSA event; specifically I will not bet on myself, my team or any competitor or opponent (whether to lose or win), I will prevent members of my family or friends from doing so, I will not share any performance information relating to competitors

taking part in an IBSA Event with anybody, and I will never accept money or any benefit in return for influencing the outcome of an event;

- to abide by all IBSA rules and regulations for advertising, sponsorship display, propaganda and manufacturer trademarks on clothing and equipment for IBSA Competitions.

COLLECTION OF PERSONAL DATA

I confirm that the information about myself I have provided in this Agreement (Personal Data) is true, complete and accurate. In accordance with the data protection laws applicable to the IBSA Competition, I acknowledge that:

- my Personal Data is being collected by IBSA, my national IBSA Member Federation and Local Organising Committees (LOCs) and such Personal Data is being stored and used by IBSA, my national IBSA Member Federation (including being transferred to or stored on the IBSA owned or contracted servers), and the responsible host government, law enforcement, border services and security agencies and similar organisations authorised by IBSA (Third Parties) for the purposes of, and to the extent necessary in relation to, facilitating my participation in, and/or organising IBSA Competitions;
- my Personal Data, potentially including relevant sensitive personal data, is being transferred to Third Parties, and is being processed as necessary in order to grant me accreditation for IBSA Competitions;
- IBSA, LOC and Third Parties, may share amongst themselves my Personal Data for the purposes of investigating and/or prosecuting breaches of any of the IBSA Competition provisions, rules or by-laws;
- any usage of my Personal Data for purposes not included in this Agreement may be based on my explicit consent to IBSA, including to undergo Athlete Evaluation; and
- for participants under the age of 18 years old at the date of signing this Agreement: in order to enable the validation and confirmation of my participation in IBSA Competitions, I hereby acknowledge that I must comply with the specific laws and regulations applicable to the participation of minors in IPC Competitions.

Additional Explanations (Consents)

USE OF PERSONAL DATA FOR RESEARCH PURPOSES

- I wish to assist IBSA in IBSA approved research projects (including, but not limited to, athlete biographies, questionnaires, filming, measures and medical encounters) and agree to the use of my Personal Data, and statistics collected as a consequence of my participation in IBSA Competitions, for such purposes in perpetuity, provided such Personal Data is anonymised prior to any publication.

USE OF PERSONAL DATA FOR MARKETING PURPOSES

I wish to receive information from IBSA (and its partners) in relation to the celebration and promotion of IBSA Competitions and IBSA (and its partners) until such time I opt out of receiving such information.

Providing or not providing these consents does not affect the fulfilment of the Agreement as a whole. If consent for research purposes is not provided, Personal Data will not be used for this purpose. If consent is provided, it can be withdrawn at any time by contacting the IBSA General Secretary at: secgen@ibsasport.org

ACCEPTANCE OF SPORTS TECHNICAL SUPREME AUTHORITY

I recognise and accept that the sports technical rules, being all rules which relate to competition, field-of-play and classification, for my sport during any IBSA Competition are under the authority of IBSA and that any disputes which arise shall be resolved by IBSA whose decision on such matters is final and enforceable.

I acknowledge and accept that decisions relating to the sports technical or classification rules are not subject to further appeal beyond the decision made in the sport-specific appeal processes as set out in the respective sports technical rules or classification appeal processes as set out in the classification rules applicable to the respective IBSA

Competition for which I am competing. I shall not institute any claim, arbitration or litigation, or seek any other form of relief in any other court or tribunal in relation to such decisions.

ACCEPTANCE OF BINDING ARBITRATION

I acknowledge and accept that any dispute outside the realm of the sports technical rules arising during the IBSA Competitions shall be submitted to the IBSA legal committee and/or the bodies described in the IBSA Bylaws.

ACCEPTANCE OF RISK AND RELEASE OF CLAIMS

I acknowledge that I participate in the IBSA Competitions at my own risk; I will take all reasonable measures to protect myself and other competitors, officials and spectators from suffering injury or other harm. I also acknowledge that I am responsible for all property I bring on to all IBSA Competition sites and that the Local Organising Committees and the IBSA accept no responsibility for any loss or damage to such properties.

I release the LOCs, IBSA and their respective executive members, directors, officers, employees, volunteers or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to my participation in any IBSA Competitions.

CONTACT DETAILS

I understand that I may contact IBSA General Secretary at: secgen@ibsasport.org should I have any questions about the content of this Agreement and the use of my Personal Data.

I confirm that I have read and acknowledge all the provisions of this Agreement and that my signature below is authentic and is the signature of the participant named above.

.....
Signature of Athlete *Date*

.....
Printed Name Parent/ Legal Guardian *Signature Parent / Legal Guardian* *Date*
(If applicable under national legislation)

.....
Printed Name National IBSA member Federation *Signature* *Date*