

Medical Diagnostics Form for Athletes with Visual Impairment

To be eligible for Para-cycling an Athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (Article 16.4.008 of the UCI Classification Rules and Regulations).

The form is to be completed in English and by a registered ophthalmologist. Completed forms and relevant Medical Diagnostic Information must be uploaded to the athlete's PCSAS profile upon registration of the athlete to the PCSAS no later than four (4) weeks prior to the Competition where the Athlete plans to undergo Classification. This applies to all Athletes with visual impairment competing in para-cycling. All medical documentation required on pages 2-3 needs to be attached. The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation. The UCI holds the right to request further information, if additional information is required. The Athlete will not be able to undergo Classification, until the requested information is provided.

The Athlete acknowledges and agrees that the UCI collects and processes some of his/her personal data for the purposes of and to the extent necessary in relation to the present Medical Diagnostics Form and to facilitate the Athlete's participation in UCI competitions. This personal data collected and processed include but are not limited to the Athlete's last name, first name, gender, date of birth, UCI ID, affiliated National Federation and medical information such as described below (Personal Data).

The Athlete acknowledges and agrees that the UCI may share his/her Personal Data with his/her NPC, his/her NF, UCI classifiers, the UCI Medical Director and/or the UCI Medical Commission.

Finally, the Athlete understands that he/she has a right to access and correct the Personal Data that the UCI holds about him/her under data protection law by contacting the UCI (data.protection@uci.ch). The Athlete may withdraw his/her agreement to the UCI processing and storing his/her Personal Data at any time. The withdrawal of the Athlete's agreement to the processing and storing of his/her Personal Data may result in him/her being ineligible to participate in the sport of para-cycling.

PLEASE FILL IN THE FORM ELECTRONICALLY. HARD COPIES MAILED TO THE UCI WILL NOT BE ACCEPTED.

Athlete Information

Last name: _____
First name: _____
Gender: Female ☐ Male ☐ Date of Birth: _____
NF (NPC): _____ UCI ID: _____

Medical Information

DIAGNOSIS

--

Medical history

Age of onset: _____
Anticipated future procedure(s): _____

Athlete wears glasses: ☐ yes ☐ no

Correction: Right: _____
Left: _____

Athlete wears contact lenses: ☐ yes ☐ no

Correction: Right: _____
Left: _____

Athlete wears eye prosthesis: ☐ right ☐ left

MEDICATION	
Eye medications used by the athlete:	
Ocular drug allergies:	

Assessment of Visual Acuity and Visual Field

VISUAL ACUITY		
	Right eye	Left eye
With correction		
Without Correction		

Type of correction: _____

Measurement Method: _____

VISUAL FIELD		
In degrees (diameter)	Right eye	Left eye

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 (120 degrees) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology. One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

2. Additional medical documentation

Please specify which eye condition the athlete is affected by.

EYE CONDITION	ADDITIONAL MEDICAL DOCUMENTATION REQUIRED
☐ Anterior disease	▪ None
☐ Macular disease	▪ Macular OCT ▪ Multifocal and/or pattern ERG* ▪ VEP* ▪ Pattern appearance VEP*

☐ Peripheral retina disease	▪ Full field ERG* ▪ Pattern ERG*
☐ Optic Nerve disease	▪ OCT ▪ Pattern ERG* ▪ Pattern VEP* ▪ Pattern appearance VEP*
☐ Cortical / Neurological disease	▪ Pattern VEP* ▪ Pattern ERG* ▪ Pattern appearance VEP*

The ocular signs must correspond to the diagnosis and degree of vision loss. If 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 above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

***Notes on electrophysiological assessments (VEPs and ERGs):**

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

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum 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 cone mediated systems. It does not however 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 from 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 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.

☐ I confirm that the above information is accurate.			
☐ I certify that there is no contra-indication for this athlete to compete at competitive level.			
Doctor Name			
Medical Speciality:		Registration Number:	
Address:			
City:		Country:	
Phone:		E-mail:	
Date		Signature	
☐ I confirm that the above information is accurate and I agree to the terms mentioned above. Athlete Name and signature:			