



MEDICAL FORM

MEDICAL DIAGNOSIS

PROGRESSIVE:

AGE AT IST DIAGNOSED:

OPTICAL AIDS USED (SPEC, CONTACT LENSES):

DRUG HISTORY:

MEDICAL CERTIFICATE:

VISUAL ACUITY	RIGHT EYE	LEFT EYE
SNELLEN		
LOG MAR		
RETINOSCOPY FINDINGS/AUTOREFRACTOR FINDING		
BCVA (WITH TRIAL LENSES)		
AXIS		
COLOUR VISION		
PUPIL		
IOP		
VISUAL FIELD RADIUS IN DEGREES		
ANTERIOR SEGMENT CORNEA IRIS PUPIL LENS		
FUNDUS MEDIA DISC CDR MACULA FR		



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ATTACHMENTS: PLEASE TICK ON ATTACHMENTS.

ANTERIOR SEGMENT PHOTOGRAPH

FUNDUS PHOTOGRAPH

FFA

OCT

VISUAL FIELDS

USG (B-Scan)

ERG

CT Scan

OTHERS

PROBABLE DIAGNOSIS

Right Eye

Left Eye

Anophthalmos

Microphthalmos

Enucleated eye

Contracted socket

Corneal opacity

Corneal degeneration

Corneal dystrophy

OSSN

SJS

Uveitis

Iris – Coloboma



Endophthalmitis	
Panopthalmitis	
Retinal detachment	
Retinal dystrophy	
Retinal degeneration	
Retinitis pigmentosa	
Stargarts disease	
Macular degeneration	
Vitroretinopathy	
Choroidal Detachment	
Choroidal Coloboma	
Ocular albinism	
Squint	
Glaucoma	
Congenital glaucoma	
Absolute blind eye	
Congenital Cataract	
Cataract	
Trauma	
Any congenital syndrome	
Ocular tumor	
Chemical injury	



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Primary Optic atrophy

Secondary optic atrophy

AION/PION

Drug toxicity

Other diagnosis

SPECIAL COMMENTS IF ANY

SIGNATURE OF EXAMINER - -----

DESIGNATION OF EXAMINER - -----

REGISTRATION NUMBER OF EXAMINER -----

CLASSIFIER -----



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I agree to undergo the Athlete Evaluation process detailed in the IPC Athletics Classification Rules and Regulations and administered by a designated IPC Athletics Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that I am healthy enough to participate in Athlete Evaluation

1. I understand that I have to comply with the request made by the classification Panel. This includes providing sufficient documentation so as to allow a classification Panel to determine whether I comply with the eligibility requirements for IPC Athletics. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.
2. I understand that Athlete Evaluation requires me to give my best effort, and that any international Misrepresentation of my skills, abilities and / or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action (see IPC International Misrepresentation Rules in the IPC Handbook, Section 2, Chapter 1.3).
3. I understand that Athlete Evaluation is a Judgment process and I agree to abide by the judgment of the classification panel. If I do not agree with the decision of the classification Panel, I agree to abide by the Protest process as defined in the Classification Regulations.
4. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.
5. I agree and consent to IPC Athletics processing my personal data in any format including my full name, country, date of birth, sport, Sport Class, Sport Class Status and relevant medical information. I agree and consent to my name, Country and Sport Class and Sport Class Status being published by IPC Athletics and shared with third parties such as Competition Organisers.

☐ I wish to assist IPC Athletics in developing the Classification system and therefore allow my data collected during athlete Evaluation and video material recorded during training and competition to be used for research and educational purpose by IPC Athletics. I understand that I may withdraw this consent at any time.

Name of the Athlete

Signature

Date

Parent/Guardian*(under 18 yrs)

Signature

Date