

## PART 1 – Acuity

Please circle the appropriate measurement or tick between adjacent measurements for plusses or minuses.

NO CORRECTION		WITH CORRECTION	
Right Eye	Left Eye	Right Eye	Left Eye
NLP	NLP	NLP	NLP
LP	LP	LP	LP
HM	HM	HM	HM
CF	CF	CF	CF
1/60	1/60	1/60	1/60
2/60	2/60	2/60	2/60
3/60	3/60	3/60	3/60
4/60	4/60	4/60	4/60
5/60	5/60	5/60	5/60
6/60	6/60	6/60	6/60
6/36	6/36	6/36	6/36
6/24	6/24	6/24	6/24
>6/24	>6/24	>6/24	>6/24

## PART 2 – Field

Please Circle the Appropriate Measurements and attach a copy of printout

NO CORRECTION		WITH CORRECTION	
Right Eye	Left Eye	Right Eye	Left Eye
0 – 5 °	0 – 5 °	0 – 5 °	0 – 5 °
5 – 10 °	5 – 10 °	5 – 10 °	5 – 10 °
10 – 15 °	10 – 15 °	10 – 15 °	10 – 15 °
15 – 20 °	15 – 20 °	15 – 20 °	15 – 20 °
20 – 25 °	20 – 25 °	20 – 25 °	20 – 25 °
25 – 30 °	25 – 30 °	25 – 30 °	25 – 30 °
30 – 35 °	30 – 35 °	30 – 35 °	30 – 35 °
35 – 40 °	35 – 40 °	35 – 40 °	35 – 40 °
40 – 45 °	40 – 45 °	40 – 45 °	40 – 45 °
45 – 50 °	45 – 50 °	45 – 50 °	45 – 50 °
>50 °	>50 °	>50 °	>50 °

Printout attached Yes\*  No\*

\* ✓ Appropriate box

PART 3 – To be completed by the Athlete or Parent/Guardian if under 18 years, IN UPPERCASE PRINT please.

VI/Blind Registration Number \_\_\_\_\_

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_ BBS Memb No \_\_\_\_\_

A charge will be made if you are not a current member of BBS

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_ BBS No \_\_\_\_\_

Main Sport \_\_\_\_\_ Sex M  F

I accept that the information from this certificate may be made available to committees of British Blind Sport and that the information given herein is accurate.

Signature of Athlete \_\_\_\_\_

or Parent / Guardian if under 18 years.

#### PART 4 – For BBS Use Only

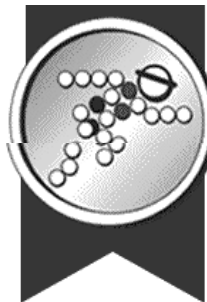
Without Correction      B1    B2    B3    B4    B4+

With Correction        B1    B2    B3    B4    B4+

Re-Test Date \_\_\_\_\_

Signed & Dated \_\_\_\_\_

## COMPETITORS MEDICAL CERTIFICATE



**British Blind Sport**

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To the Ophthalmologist / Optometrist

Will you please carryout an examination of the bearer of this certificate using the format provided.

If this necessitates a field test, please provide a printout with the form and the test must be done with best correction.

I must stress that athletes have random eye tests at international competitions and can be reclassified or disqualified if that test does not match up with their medical certificate.

Both Acuity and Field measurements must be completed on this form and return to BBS Head Office.

Caroline Baxter  
British Blind Sport

PART 1 – To be completed by the ophthalmologist / optometrist, IN UPPER CASE PRINT please

Condition \_\_\_\_\_

Prognosis (e.g. stable, variable, deteriorating, other) \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Qualification \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

## **PLEASE READ THE NOTES BELOW BEFORE**

### **COMPLETION OF THIS FORM**

**It is your responsibility to ensure both an acuity and field test are completed we cannot do a classification unless these are both carried out. If you are, for any reason unable to have a field test done, then this must be recorded on the form and the reasons why by the optician/consultant.**

**Anyone wearing corrective lenses or glasses must be classified with these. Even if you do not wear them for your sport. All classification is done with Best Correction. You should also be aware that anyone given a classification of B4 or B4+ will *not* be eligible to enter into international competition.**

**Whilst this classification is only a guide for classification, BBS will make a judgement based on the medical information provided by your ophthalmologist or Consultant.**

**If there is a change e.g. deterioration in your sight following a classification, then you will need to disclose this to BBS in order for a re-classification process to be undertaken.**