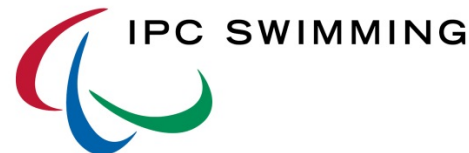


**CLASSIFICATION FORM FOR ATHLETES
WITH VISUAL IMPAIRMENT**



Competition: _____

Date: _____

dd/mm/yyyy

Location: _____

Entry Sport Class Status: New ☐ Review ☐

Protested: Yes ☐ No ☐

Entry Sport Class: S/SB/SM 11 ☐ 12 ☐ 13 ☐ NE ☐

Date and place of first classification: _____

Athlete Information:

Family Name: _____

SDMS ID: _____

First Name(s): _____

Gender: Female ☐ Male ☐

Date of Birth: _____

NPC: _____

dd/mm/yyyy

Training Information:

Do you train with an accredited coach? Yes ☐ No ☐

Years involved in competitive swimming: _____

Number of training sessions per week: _____

Length of each training session: _____

Cross training: Yes ☐ No ☐ Type: _____

Number of competitions in the past 12 months: _____

Medical Information:

Visual diagnosis and associated diagnoses:

Progressive: Yes ☐ No ☐ First diagnosed in year: _____

Medication: _____

Ocular allergic reactions to drugs: _____

Does the athlete have 2 prosthetic eyes: Yes ☐ No ☐

Medical certificate: Final results (mandatory)		
Visual Acuity	RE	LE
Refraction:		
With final best correction: <input type="checkbox"/> with spectacles <input type="checkbox"/> with contact lenses		
Visual field radius in degrees (if applicable) Enclose copy with application		

Preliminary test findings on visual acuity (optional)		
RE	LE	Log MAR
		Chart
		STE 25M
		40M
		63M
		100M

Comments and observations: (e.g. on co-operation, understanding and attitude during classification):

Are there additional comments attached on a separate sheet? Yes <input type="checkbox"/> No <input type="checkbox"/>

Sport Class Swimming:	S/SB/SM 11 <input type="checkbox"/>	S/SB/SM 12 <input type="checkbox"/>	S/SB/SM 13 <input type="checkbox"/>	NE <input type="checkbox"/>
Sport Class Status	Confirmed <input type="checkbox"/>		Review in 2 years <input type="checkbox"/>	
Swimming:	Review <input type="checkbox"/>		Review in 4 years <input type="checkbox"/>	

Exceptions:

Tapper Yes ☐ No ☐ Hearing impairment Yes ☐ No ☐

Printed name of VI Classifier 1 Signature Date

Printed name of VI Classifier 2 Signature Date

I acknowledge that this classification decision has been discussed with me.

Printed name of the Athlete Signature Date

ATHLETES EVALUATION CONSENT FORM

1. I agree to undergo the Athlete Evaluation process detailed in the IPC Swimming Classification Rules and Regulations and administered by the designated IPC Swimming classification team. I understand that this process will require me to participate in sport-like exercises and activities. I understand that there is a risk of injury in participating in exercises and activities and that I am healthy enough to do so. I also agree that if I am injured during the course of this classification process that I will hold IPC Swimming blameless.
2. I understand that Athlete Evaluation requires me to give my best effort, and that failure to do so may result in me being disqualified from IPC Swimming competition. I also understand that discrepancies between the performances I demonstrate during the Athlete Evaluation process and that which I demonstrate during competition could also lead to my disqualification from IPC Swimming competitions.
3. I understand that Athlete Evaluation is a judgment process and will agree to abide by the judgment of the Classification Panel. 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 Classification Regulations.
4. I agree to be videotaped and photographed during the Athlete Evaluation process that may include my activity on and off the field of play during the competition.
5. I agree and consent to collating and retaining my personal data in any format, including my full Name, Year of Birth, Sport, Sport Class and Sport Class Status, and agree and consent to my Name, Country and Sport Class and Sport Class Status being published on the website.

Printed name of the Athlete

Signature

Date (dd/mm/yyyy)

Parent / Guardian Acknowledgement for Swimmers under the Age of 18 years

In consideration of the IPC Swimming Consent for Visual Impairment Classification, I / we, the undersigned, being person(s) with parental / guardian responsibility for the above mentioned swimmer agree and understand that:

1. The swimmer is under the age of 18 years as at the date of signing;
2. I / we have read and understood this form and have fully explained the content and implications to the swimmer

Printed name Parent /Guardian

Signature

Date (dd/mm/yyyy)

Printed name Parent /Guardian

Signature

Date (dd/mm/yyyy)