# Classification Registration Form

# (Vision Impairment Classification Sydney 30th June 2019)

Paralympics Australia are hosting a Vision Impairment (VI) face to face classification opportunity in Sydney on Sunday the 30th of June. Classification will take place in Dee Why at the Sydney Peninsula Eye Centre. This is a great opportunity for any athlete that has either never been classified or currently has a provisional VI classification, to attend a National classification assessment for Paralympic Sports.

Classification is the process of grouping athletes based on the impact of their visual impairment on their functional ability in sport. The VI classification process follows the Para-sport classification rules. To be eligible for VI classification an athlete must be affected by at least one of the following impairments resulting from disease or disorder, and affecting both eyes:

* Impairment of the eye structure
* Impairment of the optic nerve / optic pathways
* Impairment of the visual cortex of the central brain

Further information on minimum impairment criteria can be found on the Paralympics Australia website (<https://www.paralympic.org.au/vision-classification/>)

**NB** – All athletes in attendance for National Classification will need to provide medical diagnostic information via filling out the “National Medical Screening Form” or providing a letter / report detailing diagnosis and level of vision from a vision specialist.

National Medical Screening form: <https://www.paralympic.org.au/wp-content/uploads/2015/08/National-Vision-Impairment-Medical-Screening-Form-2017.pdf>

Please register your interest below:

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| --- | --- | --- |
| **Athlete Personal Details** | | |
| Surname: | First Name: | |
| Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | Age: | |
| Address: | |  |
| Suburb: | |  |
| State: | Postcode: | |
| Phone (h) | Phone (mob): | |
| E-mail: | | |
| Previous Provisional Classification: Yes No  Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |
| --- | --- |
| **Parent or Guardian (if under 18)** | |
| Surname: | First Name: |
| Relationship to Athlete: | |
| Phone (mob): | E-mail: |

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| --- | --- | --- |
| **Disability Information\*** | | |
| Diagnosis (primary): | | |
| Date of Onset: | Cause of Onset: | |
| Underlying impairment resulting from disease or disorder of:  (Please refer to: <https://www.paralympic.org.au/wp-content/uploads/2018/07/Vision-Impairment-APC-Classification-Information-Sheet-June-2018.pdf> )   * Eye structure * Optic nerve / optic pathways * Visual cortex of the central brain   Vision loss impacting both eyes?   * Yes * No | | |
| Level of visual acuity: | | |
| Visual field impaired:   * Yes * No | | Level of visual field loss: |

\*Please note you will be required to bring medical documentation and the medical diagnostics form with you to your classification session.