

Medical Diagnostics Form For athletes with visual impairment

This form is to be completed in English and by a registered Ophthalmologist. All medical documentation required on pages 2-3 need to be attached. All medical documentation and the form may not be older than 12 months at the time of the Athlete Evaluation.

Athlete Information:

Last name			
First name			
Gender	Female / Male (please circle)	Date of Birth	
Sport	SWIMMING	SE/SASA/SW Membership Number:	

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 / None

Medication:

Eye medication 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 (radius)	Right eye	Left eye

Attachments to the Medical Diagnostic Form:

1. Visual Field Test

For all athletes with a restricted 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 (see below)
Anterior disease	None
Macular disease	<ul style="list-style-type: none"> • Macular OCT • Multifocal and/or pattern ERG* • VEP* • Pattern appearance VEP*
Peripheral retina disease	<ul style="list-style-type: none"> • Full field ERG* • Pattern ERG*
Optic Nerve disease	<ul style="list-style-type: none"> • OCT • Pattern ERG* • Pattern VEP* • Pattern appearance VEP*
Cortical/Neurological disease	<ul style="list-style-type: none"> • Pattern VEP* • Pattern ERG* • Pattern appearance VEP*

The ocular signs must correspond to the diagnosis and degree of vision loss. If the 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 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 a discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiological 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 of 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 test 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 central retinal function has been demonstrated.

- A Patten appearance VEP is specialised version of 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 are no contra-indication for this athlete to compete at a competitive level in sport, with the exception of _____.

Name:

Medical Specialty:

Registration Number:

Address:

Phone:

Email:

Date:

Signature

Please return this form via email to:

national.classification@aquaticsgb.com

Classification
PRIVACY NOTICE

Data Protection Act (“DPA”). General Data Protection Regulations (“GDPR”) and
International Standards – Protection of Privacy

PROCESSING PERSONAL DATA

Please complete this form in BLOCK CAPITAL LETTERS

SURNAME **2ND initial**

FIRST NAME

ADDRESS
.....

POSTCODE

HOME TELEPHONE NUMBER (including STD code)

MOBILE NUMBER

EMAIL ADDRESS

- I hereby confirm that I have received and read the Privacy Policy from Aquatics GB (available on the Aquatics GB website) which sets out the information that Aquatics GB may collect and use about me and the legal basis on which it does so.

In relation to data that is not Special Category Data (defined below), I understand and acknowledge that Aquatics GB will process my personal data in accordance with the Privacy Policy and that Aquatics GB has legitimate interests and/or a legal obligation(s) and/or contractual obligation(s) for processing my data. I also understand and acknowledge that Aquatics GB will share that data with the following:

- Aquatics GB Swimming Classifiers
- HCSA – Home Country Swimming Associations
- BPA – British Paralympic Association
- IPC – International Paralympic Committee
- WPS – World Para Swimming
- Meet organisers, for example, WPS – World Para-Swimming, Activity Alliance
- Other third parties that may be listed in the Privacy Policy from time to time

I also acknowledge that Aquatics GB Para-Swimming have a legitimate interest in using my personal data for the purpose of my involvement in Aquatics GB Swimming Classification administered by Aquatics GB Para-Swimming and that I may receive information about Classification by post, email, SMS/MMS, online (including team phone application) or phone unless stated otherwise.

For the purpose of this Privacy Notice, Special Category Data means personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.

In relation to Special Category Data: I

☐

Agree

☐

Do not agree

to data about my racial and ethnic origin, biometric data and health data being processed by Aquatics GB Para-Swimming: which is being maintained and shared with coaches, performance directors and members of support staff at Aquatics GB including Home Country staff and for the purpose of providing me with classification support.

By agreeing to the **above** I acknowledge that any medical practitioner (including, but not limited to doctors, physiotherapists, sports masseurs, clinical nutritionists, nurses, psychologists and medical administrators) treating me shall be entitled to submit medical information about me by way of medical diagnostic and medical reports/letters.

I understand that these electronic medical reports shall only be retained for 25 years from the date of receipt.

In relation to Special Category Data: I

☐

Agree

☐

Do not agree

to data about my health and performance being shared by Aquatics GB Para-Swimming with the AquaticsGB Classification Working Group and Aquatics GB Classifiers for the purpose of assessing eligibility for Para-Swimming classification.

I realise that refusal to give consent set out above will not affect my access to medical care, treatment or testing. Consent can be withdrawn at any time, and only notice of its withdrawal will be released to those specified above.

Transfers outside the European Economic Area ("EEA")

Please note it may be necessary to share your personal data, including Special Category Data, with third parties based outside the EEA. The current members of the EEA are Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK.

This may be necessary where we use service providers to process some information who may be based or may have sub-processors, resources or data processing facilities outside the EEA. Any such transfers shall be affected in accordance with our obligations under data protection legislation with appropriate safeguards including where there are adequacy decisions, standard contractual clauses approved by the European Commission or the Information Commissioners Office ("ICO"). For example, for most companies we will enter into a data processing agreement incorporating the model contract clauses. Further, in the U.S.A companies may be certified under the EU-U.S. Privacy Shield Framework and Swiss-U.S. Privacy Shield Framework, which ensures that your data will be processed and protected in compliance with EU and UK law and regulations. If you require further information about any protective measures in relation to such arrangements, please contact us on the details given at the end of this Notice.

If you have any questions or concerns, you should contact Aquatics GB's dedicated data protection lead via the following details:

Ash Cox
Director of Legal and Governance
Email: legal@aquaticsgb.com

SIGNATURE OF ATHLETE

NAME OF SWIMMER (PRINT)

DATE

.....

THIS SECTION BELOW MUST BE SIGNED BY THE PARENT / GUARDIAN OF ANY SWIMMER UNDER THE AGE OF 18 YEARS

As the parent of person in loco parentis of the swimmer named above, I confirm that I have ticked the boxes relating to consent for the processing of special category data and transference inside/outside the EEA as appropriate.

SIGNED

FULL NAME (PRINT)

DATE

This consent form should be read and signed in conjunction with the enclosed correspondence.

Please return this form via email to:
national.classification@aquaticsgb.com