



BR Sight Qualification Form

Instructions

Part A to be **fully completed** by the athlete

Part B to be fully completed **ONLY BY** a **QUALIFIED**
OPHTHALMOLOGIST/OPTOMETRIST

Part A – Athlete Details

Surname	
Given Names	
Date of Birth	
Sex (male or female)	
Address	
Contact phone number	
Email address	
Nationality	
Passport number	
Any medical condition	
Medication and dosage	

Signature of athlete

Date

_____/_____/_____



Part B – Athlete Medical Certificate

To be fully completed

ONLY BY A QUALIFIED OPHTHALMOLOGIST/OPTOMETRIST

To the Ophthalmologist/Optomtrist

Please print clearly as vision impaired people may be reading this documentation.

Will you please carry out an examination of the athlete using the form provided.

If this necessitates a field test, please provide a print out with this form.

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.

SECTION 1 - TO BE COMPLETED BY THE

OPHTHALMOLOGIST/OPTOMETRIST IN UPPER CASE PRINT

Surname of athlete being tested _____

Given names _____

**EYE
CONDITION** _____
—

PROGNOSIS (i.e. stable, variable, deteriorating, other)

MEDICATION _____

DOSAGE _____



PLEASE COMPLETE IN UPPER CASE PRINT

SURNAME _____ GIVEN NAMES _____

ACUITY

PLEASE CIRCLE THE APPROPRIATE MEASURE OR TICK BETWEEN ADJACENT MEASURES. FOR PLUSSES OR MINUSES

Codes; NLP No Light Perception
 LP Light Perception
 HM Hand Movement
 CF Count Fingers

Right eye No Correction	Left eye No Correction	Right eye With Correction	Left eye With Correction
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

PLEASE COMPLETE IN UPPER CASE PRINT

SURNAME _____ GIVEN NAMES _____

FIELD OF VISION IN DEGREES

PLEASE CIRCLE THE APPROPRIATE MEASURES

Right eye No Correction	Left eye No Correction	Right eye With Correction	Left eye With Correction
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'



PLEASE COMPLETE IN UPPER CASE PRINT

SURNAME _____ GIVEN NAMES _____

SECTION 2 – OPHTHALMOLOGIST/OPTOMETRIST DETAILS

TO BE COMPLETED BY THE OPHTHALMOLOGIST IN UPPER CASE PRINT

OPHTHALMOLOGIST/OPTOMETRIST	
Surname	
Given Names	
Professional Qualifications	
Address details	
Contact phone number	
Email address	



SECTION 3 – OPHTHALMOLOGIST/OPTOMETRIST CERTIFICATION

Please read the following definitions so as to assist you in the certification of the athlete you have examined;

B1: No light perception in either eye up to light perception, but inability to recognise shape of a hand at any distance or in any direction.

B2: From ability to recognise the shape of the hand up to a visual acuity of 2/60 or visual field of less than five degrees in the better eye after correction.

B3: From visual acuity above 2/60 up to visual acuity of 6/60 or a visual field of less than 20 degrees in the better eye after correction.

Classification should be based on the best eye with the best correction.

I have carried out an examination on the following athlete;

SURNAME _____ GIVEN NAMES _____

And it is my professional opinion based on my examination and the definitions above that the above named athlete best meets the definition of a **B**_____

Any additional comments you may care to make

The examination was performed by me on ____/____/____

Signature of **OPHTHALMOLOGIST** _____

Date ____/____/____

SECTION 4 - TO BE COMPLETED BY THE ARA HEAD OF CLASSIFICATION

Date received	
Date photocopied	
Date recorded	
Date returned	

Please return all documentation to:
Simon Goodey
British Rowing Head of Classification
London Regatta Centre
London
E16 2QT