

**INTERNATIONAL BLIND GOLF ASSOCIATION**

**SIGHT CLASSIFICATION FORM**

**SECTION 1 SHOULD BE COMPLETED BY THE PERSON BEING TESTED.**

**SECTION 2 IS FOR OFFICE USE ONLY.**

**SECTION 3 (OVERLEAF) SHOULD BE COMPLETED BY AN OPHTHALMOLOGIST OR OPTOMETRIST.**

**SECTION 1**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **CODE** \_\_\_\_\_

**TEL** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**DO YOU WEAR SPECTACLES OR CONTACT LENSES WHEN YOU PLAY GOLF?  
YES / NO**

**PLEASE NOTE THE USE OF VISUAL DISTANCE AIDS SUCH AS MONOCULARS IS NOT PERMITTED IN COMPETITION OR OFFICIAL PRACTICE.**

**THE RESULTS OF THIS TEST WILL BE HELD ON A DATA BASE AND THE CATEGORY WILL BE DISPLAYED ON THE I.B.G.A. WEBSITE.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 2**

**FOR OFFICE USE ONLY**

**CATEGORY**      **B1**    **B2**    **B3**    **OVER B3**

**NAME OF ASSESSOR (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE OF ASSESSOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 3**

**TO BE COMPLETED BY THE TESTER**

**Name of person being tested** \_\_\_\_\_

**PLEASE TEST THE VISUAL ACUITY OF THIS PERSON USING BEST SPECTACLE / CONTACT LENS CORRECTION.**

**TEST BINOCULAR AND BETTER EYE ACUITY BUT RECORD ONLY THE BETTER RESULT ATTAINED.**

**PLEASE RECORD THE RESULT ON THE HORIZONTAL SCALE BELOW**

**IF THE RESULT IS LESS THAN COUNT FINGERS PLEASE CHECK WHETHER HE/SHE CAN DIFFERENTIATE BETWEEN A BLANK SHEET OF WHITE PAPER AND THE SHEET OF PAPER WITH THE BLACK SYMBOL BELOW ON IT AT ANY DISTANCE OR IN ANY DIRECTION – I.E. D.S.**

6/36    6/60    5/60    4/60    3/60    2/60    1/60    CF    DS    PL    NPL  
-O-----O-----O-----O-----O-----O-----O-----O-----O-----O-----O-----O

**DID THE TESTEE WEAR SPECTACLES / CONTACT LENSES WHEN TESTED?**

**YES / NO**

**NAME OF OPHTHALMOLOGIST OR OPTOMETRIST CARRYING OUT TEST**

**PLEASE PRINT** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**QUALIFICATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

