

INTERNATIONAL BLIND GOLF ASSOCIATION

Sight Classification Form

IMPORTANT NOTES TO ASSESSOR

General

1. It is important that players be tested **with best correction**.
2. In all sight tests (acuity and field if relevant) each eye should be tested individually, but additionally players should be tested with both eyes open.

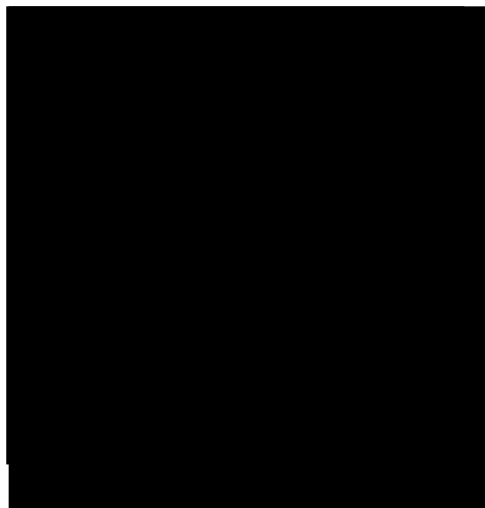
Acuity

1. Acuity measurements should be carried out by recording the measurement based on two different letter sizes (e.g. 5/60 and 4/36). **N.B. Both measurements need to be recorded.**
2. Start testing from a distance of 6 metres and reduce the testing distance in decrements of a half a metre until the player can identify the specified letter, i.e. from 6 metres to 5½ metres to 5 metres, etc.
3. A zero reading may be entered if the player cannot read the specified letter at 0.5 metres.
4. If a player's acuity is too low to obtain readings as indicated above please indicate, by placing a tick in one of the boxes provided, whether the player can or cannot:
 - Distinguish the solid black square below from a blank sheet of white paper at any distance or in any direction.

Visual Field

N.B. Visual field information is not used by the IBGA for sight classification, but may be of use to National Associations and to confirm diagnoses.

1. Visual field only needs to be measured in cases where the player's acuity is 6/60 or better.
2. Visual field shall mean the total visual field (including peripheral) and shall be taken as the maximum sum of the fields about the point of fixation along any line through the point of fixation (e.g. temporal plus nasal or upper plus lower), whichever produces the largest result.
3. Visual field should be measured with a perimeter, but if the fields are reduced to below 20 degrees an Amsler Grid at a distance of 33 cm may be appropriate. Please specify the method(s) used in the space provided.



Player's Details (Please PRINT)

Name: _____ ID No: _____

Address: _____

Assessors Details (Please PRINT)

Name: _____ Optometrist / Ophthalmologist (delete)

Address: _____ Tel No: _____

Signature: _____ Date: _____

Sight Test Results

1. Visual Acuity (See notes to assessor on previous page):

Right Eye		Left Eye		Both eyes together	
2 Acuity Measurements		2 Acuity Measurements		2 Acuity Measurements	
/	/	/	/	/	/
If player cannot read eye chart at all, indicate:		If player cannot read eye chart at all, indicate:		If player cannot read eye chart at all, indicate:	
Can distinguish Black Square		Can distinguish Black Square		Can distinguish Black Square	
Can't distinguish Black Square		Can't distinguish Black Square		Can't distinguish Black Square	

2. Visual Field (See notes to assessor on previous page):

	Right Eye	Left Eye	Both eyes together
Total Visual Field in degrees			

State method(s) used to assess visual field: _____

3. Was the player tested wearing spectacles? Please CIRCLE: Yes / No

4. Cause of visual loss, e.g. RP, trauma, etc.: _____

RETURN ADDRESS FOR FORM – PLEASE USE E-MAIL IF POSSIBLE:
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For Office Use Only – Classification will be completed by the IBGA

Best Acuity _____ Field _____

Classification _____ Date: _____