International Blind Golf Association (IBGA)

Sight Classification Form

The information captured on this form will be stored by Blind Golf Canada (BGC) as well as the IBGA for the purpose of sight classification. The player's sight classification will be displayed on the IBGA website.

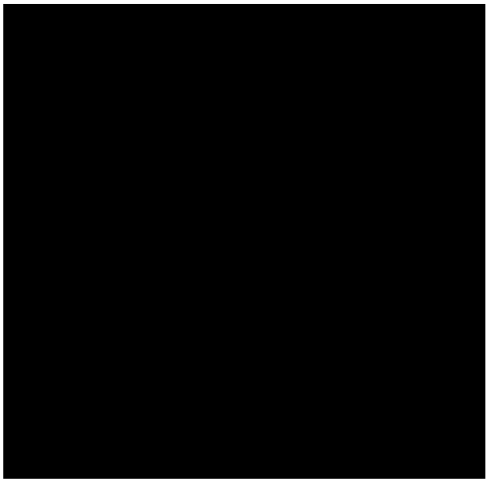
IMPORTANT NOTES TO THE ASSESSOR

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 Measurement

1. Acuity measurements should be carried out by recording the measurement based on two different letter sizes (e.g. 20/200 and 20/40). **Note. Two measurements must be recorded**.
2. Start testing from a distance of 20 feet and reduce the testing distance in decrements of 1.5 feet until the player can identify the specified letter, i.e. from 20 feet to 18 feet to 16.5 feet, etc.
3. A zero reading may be entered if the player cannot read the specified letter at 1.5 feet.
4. **Note. "counting fingers," hand movements or "light perception" will not be accepted as Acuity measurements.**
5. If a player's Acuity is too low to obtain readings as indicated above, please indicate by placing a check 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 Measurement

1. Visual field only needs to be measured in cases where the player's acuity is better than 20/200.
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 + nasal or upper + 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 1 foot may be appropriate. Please specify the method(s) used in the space provided.

Player's Details (Please PRINT IN CAPITALS)

First Name: _____ Last/Family Name: _____

Sex: Male / Female (delete as appropriate) Date of Birth: ____/____/____
mm dd yyyy

Address: _____

Assessors Details (Please PRINT)

Name: _____ Optometrist / Ophthalmologist (**delete one**)

Address: _____ Tel No: _____

Signature: _____ Date: ____/____/____
mm dd yyyy

Sight Test Results

1. **Visual Acuity (Note. Please read instructions to the assessor on the previous page):**

Right Eye	
2 Acuity Measurements	
1.	2.
If player **cannot** read eye chart at all, **check** one:	
Can distinguish Black Square	
Can't distinguish Black Square	

Left Eye	
2 Acuity Measurements	
1.	2.
If player **cannot** read eye chart at all, **check** one:	
Can distinguish Black Square	
Can't distinguish Black Square	

Both Eyes Together	
2 Acuity Measurements	
1.	2
If player **cannot** read eye chart at all, **check** one:	
Can distinguish Black Square	
Can't distinguish Black Square	

2. **Visual Field (Note: Please read instructions 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 glasses? Please **CIRCLE**: Yes / No

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

Please return this form to Hugh Montgomery at hugh.montgomery@bell.net

This form will be reviewed by Dr. McKnight prior to submission validating that all required information has been completed correctly and providing her assessment based on results. Once completed the form will be forwarded to the IBGA Vice-Chairman Admin.

For Office Use Only – Classification will be completed by the IBGA

Best Acuity _____ Field _____

Classification _____ Date: _____