



Procedure for players in England with a visual impairment who wish to apply for a formal bowls classification.

Players are advised to read the joint procedure document issued by VIBE & DBE before applying for a Visually Impaired Classification Award.

Players to:

- 1) complete a consent form.
 - 2) make an appointment and ask the Optician/Optometrlist/Ophthalmologist to fully complete the assessment form, adding medical notes (if able).
 - 3) post or email :-
 - a. sight test results
 - b. medical diagnosis from Doctor/Consultant/Optometrlist/Ophthalmologist
 - c. consent form
- to the VIBE Sight Certificate Officer for VIBE players.
 - to the DBE Classification Co-ordinator for DBE players.

<p>VIBE VI Sight Certificate Officer Kelvin Horriben 3 Ashfield Avenue Beeston Nottingham. NG9 1PY 01159 174341 kelvins1@live.co.uk</p> <p>DBE VI Classification Co-ordinator Mo Monkton 75 Summerlands Park Avenue Ilminster Somerset. TA19 9BU 01460 54908 or 07817 313 663 mo.monkton@disabilitybowlsengland.org.uk</p>	<p>DBE/VIBE National Classifiers David Adams PhD MCOptom Head Optometry Dept and Hon Assoc Prof</p> <p>Kathlene Refson BSc, MPhil, MCOptom, Dip Tp(IP) Deputy Head Optometrist</p>
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ATHLETE ASSESSMENT CONSENT FORM

1. I agree to undergo the Athlete Assessment process detailed in the IBD Classification Rules & Procedures and administered by the designated classification team. I understand that this process will require me to participate in sport-like exercises and activities. I understand that there is a risk of injury in participating in exercises and activities and that I am healthy enough to do so. I also agree that if I am injured during the course of this classification process that I will hold IBD blameless.
2. I understand that Athlete Assessment requires me to give my best effort, and that failure to do so may result in me being disqualified from competition. I also understand that discrepancies between the performances I demonstrate during the Athlete Assessment process and that which I demonstrate during competition could also lead to my disqualification from competitions.
3. I understand that Athlete Assessment is a judgement process and will agree to abide by the judgement of the Classification Panel. If I do not agree with the results of the Classification Panel, I agree to abide by the protest and appeals process as defined in the IBBA/IBD Classification Rules.
4. I agree to be videotaped and photographed during the Athlete Assessment process that may include my activity on and off the field of play during the competition.
5. I agree and consent to collating and retaining my personal data in any format, including my full Name, Year of Birth, Sport, Sport Class and Sport Class Status, and agree and consent to my Name, Country and Sport Class and Sport Class Status being published on the website.

Printed name of the Athlete

Signature

Date

Classification of Visually Impaired bowlers for Lawn Bowls.

The examination and evaluation of the above persons must be performed by an Ophthalmologist or a Registered Optometrist and requires the following measurements in each eye:

- a. Best corrected visual acuity
- b. Field of vision

1. Best corrected Visual Acuity.

IPC and IBSA have adopted the Berkeley Rudimentary Vision Test (LogMAR) as the standard method used to evaluate (the best) visual acuity in each eye. In discussions with International Blind Bowlers Association (IBBA) it was decided that this be the method accepted by International Bowls for the Disabled as well as by IBBA. A copy of the classification chart is attached to these forms and the findings are to be filled in on the chart stating left eye and right eye and is to be submitted together with all the other forms required. **In addition, the best corrected acuity findings at the various distances must be recorded for each eye on the acuity table (can use either one) provided.**

For ease of reference:

B1 No light perception up to LogMAR 2.7

B2 LogMAR 2.6 up to LogMAR 1.5

B3 LogMAR 1.4 up to LogMAR 1.0

B4 LogMAR 0.9 up to LogMAR 0.6 together with a field of vision less than 20 degrees.

2. Field of Vision.

The standard methods used to determine the field of vision previously would be acceptable and the field of vision recorded together with the method used would be stated. Visual field i.e. central and peripheral shall be taken as the maximum sum of the visual 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. A copy of the relevant visual fields is to be submitted together with the findings where applicable.

3. The Assessment

The assessment shall be carried out by an Ophthalmologist or Optometrist with experience in low vision assessment and such assessors must be independent from the player being assessed.

A classifier, appointed by each National Association, will check the above forms and recommend a classification. This will be submitted to IBD for confirmation prior to participation in any IBD event.

4. Visual History

A copy of the relevant medical and visual history is to be submitted together with the findings.

TO BE COMPLETED BY AN OPHTHALMOLOGIST OR REGISTERED OPTOMETRIST

Athlete information

Last Name	Date
First Name	

Auto refractor results:

Attached	Y / N	If no, record:	Right eye:	
			Left eye:	

Medical information

Visual diagnosis:	
Progressive	Y / N First diagnosed in year:
Medication:	
Optical aids used in competitions	Spectacles / contact lenses / sunglasses

VISUAL ACUITY – FINAL Using LogMAR

Select applicable options below	Right eye	Left eye
	Unaided	
With trial frame & lenses		
With spectacles		
With contact lenses		

Preliminary test for VA or use provisional VA table and attach

No correction		LogMAR	With correction	
Right eye	Left eye		Right eye	Left eye
		STE		
		25M		
		40M		
		63M		
		100M		

VISUAL FIELD – widest diameter in degrees

Test used		
Attached fields: Y / N		
	Right eye	Left eye
Diameter:		

COMMENTS & OBSERVATIONS:

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MEDICAL PRACTITIONER DETAILS

Name:
Medical Specialty:
Registration Number:
Signature of medical practitioner: