Classification form for athletes with visual impairment (blind and visually impaired).

- *Give this Form to the classifiers when starting the Classification panel assessment.*
- *Frames 1, 2 to be completed by the National Federation by a FIAS member and the athlete before starting the panel assessment.*
- *Athlete's Consent Form and the Confidential Commitments from the accompanying person and the interpreter must be read in advance but only signed at Classification.*
- **1 - Athlete information**

Athlete (as in National Identification Card or Passport, to show at the Classification Panel)

Last name(s): _____   First name: _____

Gender: Female □ Male □   Date of Birth: / /   Nationality:_____ RN_____

Sport: **Sambo** NF:

The National Federation confirms these data. The NF keeps all relevant documents

_____   Date: dd / mm / yyyy

 Name   (stamp)   signature

---

2 - Previous classifications

Last National Classification: Year: **Class**: SVI-1□ SVI-2□ Other□: _____

Last International Classification: Year: _____ Place: _____

Class: SVI-1□ SVI-2□ NE□ Confirmed□ Review□ Review Year: _____□

Current International Classification:

New □ | CNC □ | Protest or Reclassification accepted □

Class: SVI-1□ SVI-2□ NE□ Confirmed□ Review□   Review Year: _____□

Other International Classification: No□ Yes□:

Sport: Last Class: Year:

3- Medical, ophthalmologic and other information

A - Relevant systemic (non-ophthalmic) pathology and other medical information: No□ Yes□:

_____

B - Eligible visual impairment: Yes□: Diagnosis (underlaying health condition):

_____

_____

C - Other visual, ophthalmic and associated diagnosis (short):

_____

D - Other ophthalmic / medical information: Age of onset: _____ At present: Stable□ on the last ____ years

Progressive□ | Anticipated future procedure(s): No□ Yes□:_____   when:_____

E - Eye medication and allergies: Ophthalmic medication used by the athlete: No□ Yes□: _____

 Allergic reactions to ocular drugs: No□ Yes□: _____

F - Optical correction, prescriptions and prosthesis in regular life

Glasses: No□ Yes□:
Year of last prescription:_____

Right eye: Sph._____ Cyl._____ Axis (   )
Left eye: Sph._____ Cyl._____ Axis (   )

Contact lenses: No□ Yes□: Year of last prescription: _____

Right eye: Sph._____ Cyl._____ Axis (   )
Left eye: Sph._____ Cyl._____ Axis (   )

Eye prostheses: No□ Yes□: Right eye□   Left eye□ .

Filters or other optical devices: No □ Yes □: Right eye □   Left eye□ What: _____

4– Classification
A - Medical (ophthalmological) assessment
Autorefractor No□   Yes□

Right eye: Sph._____   Cyl._____   Axis (º)

Left eye: Sph._____   Cyl._____   Axis (º)

Not Possible □   attached □

Visual acuity	Right eye	Left eye
□ Without vision correction		
□ Autorefractor		
□ Glasses		
□ Contact lenses		

Visual fields	Diameter	
	OD □	OS □

Nystagmus □_____

Strabismus □ _____

Methods and equipment: _____

Cooperation: Good □   Poor □

Comments:

_____
_____

5 - Final classification decision.

Estimation in points	Number of points
Medical (ophthalmological) assessment	
Assessment of static balance	
Assessment of static balance after loading on the vestibular apparatus	
total number of points:	

Class: SVI-1□   SVI-2□   NE□: 1st□/2nd□ panel   CNC□   After Protest □

Status: Confirmed □

Review □ (next time)   Review □ year_____

Required next Classification: No□

Yes□:_____

CNC: _____

_____

 Classifiers:

Medical
Classifier _____   /_____/

Technical
Classifier _____   /_____/

stamp   Date _____/_____/____

6 - Final Classification Decision :   RN-----------   **Date**: dd **/** mm **/** yyyy .**Place**_____

Class: SVI-1 □   **SVI-2** □   **NE** □: **1ˢᵗ** □ /**2ⁿᵈ** □ **panel**   **CNC**□

Status: **Confirmed** □   **Review** □ (next time)   **Review** □ **year**_____

Required next Classification: No□   **Yes**□:

_____
_____ Classifiers:

Medical
Classifier _____   /_____/

Technical
Classifier _____   /_____/

stamp   Date _____/_____/____

ATHLETE: I acknowledge that the Classification decision has been discussed with me.
_____

Name   last name   Signature or fingerprint

ATHLETE CONSENT FORM FOR EVALUATION ON VI CLASSIFICATION AND FOR DATA STORAGE AND PROTECTION - SPORT: SAMBO

1- I agree to undergo the Athlete Evaluation process detailed in FIAS documents and administered by the appointed Classification Panels and teams.

2.- I confirm, under my knowledge, that I am healthy enough to compete in the above-mentioned sport.

3- I understand that Athlete Evaluation requires me to give my best effort and cooperation. The failure to do so may result in me being suspended from Classification. Any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during the Athlete Evaluation process may result in me facing disciplinary action with eventual disqualification from competitions and other penalties as set out in FIAS and Sport Rules and Regulations.

4- I understand that a full Classification process is not restricted to the assessment by the Classification Panels and also I understand that discrepancies between the performances I demonstrate during the Athlete Evaluation process and that which I reveal during the competitions can also lead to an investigation process leading to a new classification and/or my disqualification and other penalties

 5- I understand that I have to comply with the requests made by the Athlete Evaluation process including, but not restricted to the assessment by the Classification Panel. It also includes me to provide sufficient documentation to allow the Classification Process to determine whether I comply with the eligibility requirements. I understand that if I fail to comply with any of such requests the Athlete Evaluation may be suspended without a Sport Class being allocated to me.

6-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 FIAS and Sport Classification Rules and Regulations.

7- I agree to be accompanied, during the assessment by the Classification Panels, by one person designated by the National Federation who signs a Confidential Commitment. As well, when needed, by a designated English interpreter to help me on the Classification assessment who also signs the Confidential Commitment.

8- I agree to be photographed and/or audio or visual recorded by FIAS staff and officials, including classifiers, as part of the Athlete Evaluation process and it may include my activity on and off the wrestling mat, during the classification panel assessment, the trainings and competitions.

9- As per the current and updated rules and laws applicable to personal data and medical protection, I agree and consent FIAS, to collating, processing and retaining my personal data in any format, and it includes, but is not limited to my full name, gender, birth date, country, Sport, Sport Class and Sport Class Status, medical documents and information collected for the classification process. Unless it is anonymized and/or there is a legal purpose for disclosing and retaining it, the abovementioned information of my personal data will not be used in any other way to which I provided the express consent.

10- I hereby release FIAS and its respective members and staff, including the appointed classifiers connected to my process of Athlete Evaluation, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection storage and use of my Personal Data and/or my participation in Athlete Evaluation.

11- I understand that at any time, I have a right to access, correct restrictor erase my Personal Data that FIAS holds about me. I also understand that my eligibility to participate in the sport competitions is contingent on those provisions and withdrawn it at any time can result in me being ineligible to participate in the above designated sport competitions.

12 - I have read and agree to comply with this ATHLETE CONSENT FORM FOR EVALUATION ON 5 CLASSIFICATION AND FOR DATA STORAGE AND PROTECTION. The information set out in this document is correct.

□ - I wish to assist FIAS in developing the Classification system and therefore allow my data collected to be used for research and educational purposes by FIAS in perpetuity, provided such Personal Data is anonymized prior to any disclose or publication.

The Athlete:

_____   _____
Name (capital letters)   Signature or finger print

_____/_____/_____
Date (dd/ mm/ yyyy)

Parent / Guardian (mandatory if the Athlete is under eighteen (18) years of age)

_____   _____
Name (capital letters)   Signature or finger print

_____/_____/_____

Date (dd/ mm/ yyyy)

Confidential commitment forms for accompanying person and interpreter.

1   - As Accompanying person and /or Interpreter appointed to help the above athlete on the Classification Panel assessment, I confirm I was accepted by the athlete.

2   - I confirm I am committed to not disclose by any ways and in any places, what was revealed concerning the Athlete Personal Data and it includes all the medical information either released by documents, shared by the athlete to the Classifiers or by my own judgment. 3 - I swear to not cooperate in false information and misrepresentation.

□ **THE ACCOMPANYING PERSON: I agree with the above Confidential Commitment Form**
Name: _____ _____

        Name (capital letters)   Signature

ID or Passport: _____ **Nationality:** _____ **Date** : dd **/** mm **/** yyyy

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□ **THE INTERPRETER: I agree with the above Confidential Commitment Form**

Date : dd **/** mm **/** yyyy

Name: _____ _____

        Name (capital letters)   Signature

ID or Passport: _____ **Nationality:** _____

TESTIMONY: Name: _____   Date :   /   /

I certify the above signatures from the □ Athlete (or the representative Parent or Guardian), from the □ Accompanying person and from the □ Interpreter were done in my presence and I confirmed the identities of each of them:

ID or Passport: _____

Nationality: _____   Signature:_____