Recreational Sight Medical Test

At British Blind Sport, we are the leading sight classifying body in the UK. Sight classifications are important as they ensure a fair and equal competition. Success at competition should be defined by an athlete's skill and ability, not their impairment.

Based on this sight medical test form, you will receive a sight classification certificate that will enable you to compete recreationally in the UK. If you are competing internationally and are associated with a national governing body, then please contact us for a separate classification form.

How do I get a sight classification?

1. Book an appointment with an eye consultant or optician.
2. Take this form and any lenses you use to your appointment; even lenses not used for sport.
3. Check that the optician has completed the acuity and field tests. We need both of these to be completed!
4. Send the completed form to our head office:

   British Blind Sport – Classification
   Pure Offices, Plato Close
   Tachbrook Park
   Leamington Spa
   CV34 6WE

5. We aim to send your classification certificate out to you within approximately 2 weeks; however this is not guaranteed so it is advisable to send your completed forms to us in advance of your event.

I need some help with my sight classification!

Don't worry; we are here to help. You can email or give us a call, and we'll be happy to help you get classified.

Telephone: 01926 424247 Email: info@britishblindsport.org.uk

Information about Classifications

- The classification system is defined by the International Blind Sports Association (IBSA) and we can only classify athletes based on their system. For more information about their system, please visit: http://www.ibsasport.org/classification/
- Classification is based on the eye with the better level of sight, whilst wearing corrective spectacles or contact lenses.
- You may be asked to produce a CVI or BD8 certificate to enable you to compete within certain sports.
- Archery only: If you use magnification on a bow sight, you need to be tested with the bow sight during the optician's sight test.

Personal Details

Full name: _____

CVI/BD8 number (if known): _____ Date of Birth: _____ Gender: Female Male

Address: _____

_____

Telephone: _____ Email: _____

Sports for classification: _____ BBS membership (if known): _____

Declaration

I agree that the information provided is accurate to the best of my knowledge. I accept that the information from this certificate may be shared with Sport Section committees of British Blind Sport and related National Governing Bodies. I also accept that information regarding my sight classification will be stored by British Blind Sport for 1 additional year following the expiry of my classification.

Signed: _____ Date: _____

Price

If you are a member of British Blind Sport, we can classify your sight test for free. However, for non-members, there is a fee for this service. Please also note that opticians or eye consultants might charge you for your sight test. Please tick the relevant box:

BBS Member	Adult non-member	Under-18 non-member
Free	**£40**	**Free**
☐	☐	☐

Become a British Blind Sport member

Do you want to become a member of British Blind Sport and receive 1 free sight classification? Tick the following box and include the membership fee of **£18** for adults, free for under 18's until 31st December 2017.

☐ Register me as a British Blind Sport member and I enclose the membership fee.

Classification – British Blind Sport use only

This section will be completed by the British Blind Sport classifier.

- Uncorrected vision: B1 B2 B3 B4 B5
- Corrected vision: B1 B2 B3 B4 B5

Re-test date: _____ Additional notes: _____

_____

Classifier's name: _____ Signed: _____ Date: _____

Sight Test

This part of the form should be completed by the ophthalmologist or optometrist. **The acuity and field tests for both uncorrected and corrected vision must be completed** to enable us to classify the athlete, although if only one field test is possible this should be done with correction. If no field test is possible please provide an explanation.

Eye sight condition

Condition: _____

Prognosis: Stable Variable Deteriorating Other: _____

Medication: _____ Dosage: _____

Ophthalmologist or optometrist's details

Name: _____ Signed: _____

Date: _____ Telephone: _____

Qualifications: _____

Please Note: If the acuity in either eye is below 1/60 it is important to differentiate whether the participant can see either Hand Movements or Count Fingers at any distance as the difference between the two may alter their sight category.

Acuity			
Please circle the appropriate measurement or tick between adjacent measurements for plusses and minuses.			
Uncorrected		Corrected	
Right	**Left**	**Right**	**Left**
NLP	NLP	NLP	NLP
LP	LP	LP	LP
HM	HM	HM	HM
CF	CF	CF	CF
1/60	1/60	1/60	1/60
2/60	2/60	2/60	2/60
3/60	3/60	3/60	3/60
4/60	4/60	4/60	4/60
5/60	5/60	5/60	5/60
6/60	6/60	6/60	6/60
6/36	6/36	6/36	6/36
6/30	6/30	6/30	6/30
6/24	6/24	6/24	6/24
6/18	6/18	6/18	6/18
>6/18	>6/18	>6/18	>6/18

Field			
Please circle the appropriate measurement and attach a copy of the field test.			
Uncorrected		Corrected	
Right	**Left**	**Right**	**Left**
0–9°	0-9°	0-9°	0-9°
10°-19°	10°-19°	10°-19°	10°-19°
20°-29°	20°-29°	20°-29°	20°-29°
30°-39°	30°-39°	30°-39°	30°-39°
40° & above	40° & above	40° & above	40° & above

Field printout attached: Yes ☐ No ☐

Additional notes about the sight test: