

# INTERNATIONAL BLIND GOLF ASSOCIATION (IBGA)

## Sight Classification Form

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

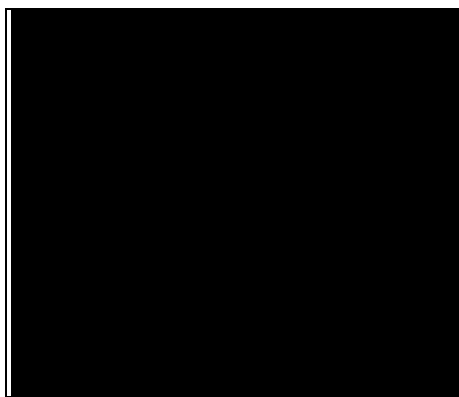
### IMPORTANT NOTES TO ASSESSOR (OPTOMETRIST OR OPHTHALMOLOGIST)

#### General

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

#### Visual Acuity Measurement

1. Record two visual acuity measurements for each eye at **two different letter sizes** (e.g. 5/60 and 4/36). **Note: Two (2) measurements must be recorded for each eye and both eyes together.**
2. Start testing from a distance of 20 feet (6 meters) and reduce the testing distance in 1.5 feet increments until the player can identify the specified letter.
3. A **zero** reading may be entered if the player cannot read the specified letter by 0.5 yards/meters.
4. **Note:** "Counting Fingers" 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 place a check in one of the boxes provided to indicate 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

**Note: Visual Field information is not used by the IBGA for sight classification, but may be of use to other 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 + 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 33cm /1.0 foot may be appropriate. Please specify the method(s) used in the space provided.

**Player's Details (Please Print)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Address: \_\_\_\_\_

**Assessor's Details (Please Print)**

Name: \_\_\_\_\_ Optometrist / Ophthalmologist (**circle one**)

Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**Sight Test Results**

**1. Visual Acuity (Note: Please read Notes to Assessor on previous page)**

Right Eye		Left Eye		Both Eyes Together	
<b>2 Acuity Measurements</b>		<b>2 Acuity Measurements</b>		<b>2 Acuity Measurements</b>	
/	/	/	/	/	/
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:	
<b>Can</b> distinguish Black Square		<b>Can</b> distinguish Black Square		<b>Can</b> distinguish Black Square	
<b>Can't</b> distinguish Black Square		<b>Can't</b> distinguish Black Square		<b>Can't</b> distinguish Black Square	

**2. Visual Field (Note: Please read Notes to Assessor on previous page)**

	<b>Right Eye</b>	<b>Left Eye</b>	<b>Both Eyes Together</b>
<b>Total Visual Field in degrees</b>			

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 Sight Form to the Membership Chair of the National Blind Golf Association at [membership@usblindgolf.org](mailto:membership@usblindgolf.org)**

**Note: The Membership Chair will assure that all required information has been captured and forward the form to Prof Garrett Slattery, IBGA Vice-Chairman Admin.**

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

Best Acuity \_\_\_\_\_ Field \_\_\_\_\_

Classification \_\_\_\_\_ Date: \_\_\_\_\_