**Medical Diagnostic Form for Visually Impaired Athletes K10**

To be eligible to participate in World Karate Federation (WKF) events, an athlete must provide medical diagnostic information confirming a permanent, verifiable health condition that results in an eligible impairment as defined by the WKF classification rules.

This form must be completed in **English** by a registered **Medical Doctor -** OPHTHALMOLOGIST **(M.D.)** and submitted by the athlete's **National Member Organization** (NMO – National Karate Federation) or **National Paralympic Committee (NPC)**.

**Submission Requirements**

1. The completed form, along with supporting medical documentation, must be submitted to the **WKF SportsID** of the athlete at least **6 weeks prior** to the athlete’s first classification presentation at a WKF event licensed for Classification.
2. A WKF Classification Panel will assess the documentation during the classification process.

By ensuring compliance with these guidelines, athletes help maintain fairness and accuracy in the classification process.

|  |
| --- |
| **NMO/ NPC Details**  |
| NMO/NPC Name:  |  |
| NMO/NPC Contact Name:  |  |
| NMO/NPC Contact Email:  |  |

**Athlete Information:**

|  |  |  |
| --- | --- | --- |
| **Family name:** (as shown on passport)  |  |  |
| **First name:** (as shown on passport)  |  |  |
| **Gender:**  | [ ]  Female [ ]  Male  | **Date of Birth** (dd/mm/yyyy):  |  |
| **Country:**  |  |  |
| [ ]  New athlete being classified for the first time  | [x]  Athlete has an existing WKF sport class  |

**Medical Information (**To be filled by Ophthalmologist):

Relevant systemic (non-ophthalmic) pathology and other medical information: No[ ]  Yes[ ]  > \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible visual impairment: Yes[ ]  >Diagnosis (underlaying health condition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other visual, ophthalmic and associated diagnosis(short): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of onset: \_\_\_\_\_ At present > Stable[ ]  on the last \_\_\_\_ years Progressive[ ]

Anticipated future procedure(s): No[ ]  Yes[ ]  >\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye medication and allergies: Ophthalmic medication used by the athlete: No[ ]  Yes[ ]  > \_\_\_\_\_\_\_\_\_\_

Allergic reactions to ocular drugs: No [ ]  Yes [ ]  > \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optical correction, prescriptions and prosthesis in regular life Glasses: No [ ]  Yes [ ]  >

Year of last prescription: \_\_\_\_\_\_ Contact lenses: No [ ]  Yes [ ]  > Year of last prescription: \_\_\_\_\_\_\_\_\_

Eye prosthesis: No[ ]  Yes[ ]  > Right eye [ ]  Left eye [ ]

Filters or other optical devices: No [ ]  Yes[ ]  > Right eye □ Left eye□ What: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Visual performance** | **Right Eye:** | **Left Eye:** | **Binocular:** |
| Visual performance without correction Please fill out grade in % |  |  |  |
| Visual performance with best correction possiblePlease fill out grade in % |  |  |  |
| Eye refraction: |  |  |  |
| Limitation of the field of vision: |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Pathological Areas**  | **Eyes**  | **Documents/evidence to support the diagnosis (tick or add)**  |
| [ ] Anterior Segment | [ ]  Right Eye[ ]  Left Eye[ ]  Both Eyes | [ ]  Anterior Segment Colour Photo |
| [ ] Macular Retina | [ ]  Right Eye[ ]  Left Eye[ ]  Both Eyes | [ ]  Macular OCT[ ]  Fundus Colour Photo[ ]  Retinal Fluorescein Angiography[ ]  Macular OCT[ ]  Multifocal ERG[ ]  VEP |
| [ ]  Peripheral Retina | [ ]  Right Eye[ ]  Left Eye[ ]  Both Eyes  | [ ]  Fundus Colour Photo, [ ]  Retinal Fluorescein Angiography[ ]  Ocular Echography |
| [ ]  Optic Nerve | [ ]  Right Eye[ ]  Left Eye[ ]  Both Eyes  | [ ]  OCT[ ]  VEP[ ]  Fundus Colour Photo[ ]  Retinal Fluorescein Angiography |
| [ ] Cortical / Neurologic Disease | [ ]  Right Eye[ ]  Left Eye[ ]  Both Eyes | [ ]  Pattern VEP[ ]  Multifocal ERG |

**Grading according to ICD-10:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mark the with a cross, or record a new code **for less impaired eye** | **Grade 1** | **Grade 2** | **Grade 3** | **Grade4** | **Grade 5** |
| Moderate visual impairment: Distance visual acuity worse than 6/18 to 6/60 | Severe visual impairment: Distance visual acuity worse than 6/60 to 3/60 | Blindness: Distance visual acuity worse than 3/60 to 1/60 | Blindness: Distance visual acuity worse than 1/60 to light perception | Blindness: No light perception |
| H 53: Visual Disturbances |   |   |   |   |
| H 54: Visual Impairment including blindness (binocular or monocular)  | H 54.0 Blindness, binocular (on both eyes)  |   |   |   |   |
| H 54.1 Severe visual impairment, binocular  |   |   |   |   |
| H 54.2 Moderate visual impairment, binocular  |   |   |   |   |
| H 54.3 Unspecified visual impairment, both eyes. |   |   |   |   |
| H 54.4 Blindness, monocular (on one eye)  |   |   |   |   |
| H 54.5 Severe visual impairment, monocular  |   |   |   |   |
| H 54.6 Moderate visual impairment, monocular  |   |   |   |   |
| **Others** |  |   |   |   |   |

**OPHTHALMOLOGIST IDENTIFICATION and CERTIFICATION:**

[ ]  The athlete has no contra indication or general health risk for the practice of Karate at a competitive level

[ ]  I confirm that the above ophthalmic information is accurate and updated

[ ]  I certify that there is no ophthalmologic risk or contra-indication for this athlete to compete in karate

|  |
| --- |
| **Name:**  |
| Medical Specialty:  |
| Registration Number:  |
| Address: City: Country: |
| Phone:  | E-mail:  |
| Date: | Signature: |

|  |
| --- |
| **NMO/NPC Verification (mandatory):** [ ]  I verify my support of this application for this athlete’s medical review |
| Name:  |  |
| Position in NPC/NMO:  |  |
| Signature:  |  |

**Please, upload this document as a PDF to the athlete's Sportdata profile.**

Please note, that the physically impaired athletes have to perform the kata using IBSA standardised blindfolds.