**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 | | 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 possible  Please 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.