

INTERNATIONAL BLIND GOLF ASSOCIATION

SIGHT CLASSIFICATION FORM

SECTION 1 SHOULD BE COMPLETED BY THE PERSON BEING TESTED.

SECTION 2 IS FOR OFFICE USE ONLY.

SECTION 3 (OVERLEAF) SHOULD BE COMPLETED BY AN OPHTHALMOLOGIST OR OPTOMETRIST.

SECTION 1

NAME _____

ADDRESS _____

_____ CODE _____

TEL _____ E-MAIL _____

DO YOU WEAR SPECTACLES OR CONTACT LENSES WHEN YOU PLAY GOLF?
YES NO

PLEASE NOTE THE USE OF VISUAL DISTANCE AIDS SUCH AS MONOCULARS IS NOT PERMITTED IN COMPETITION OR OFFICIAL PRACTICE.

THE RESULTS OF THIS TEST WILL BE HELD ON A DATABASE AND THE CATEGORY (B1. B2. B3.) WILL BE DISPLAYED ON THE I.B.G.A. WEBSITE.

SIGNED _____ DATE _____

THE COMPLETED FORM SHOULD BE RETURNED TO;
NEIL BAXTER, SECRETARY I.B.G.A.
11 HIGHAM VIEW, NORTH WEALD, ESSEX CM16 6DD, ENGLAND.
Email Baxter.ebga@btopenworld.com Tel/fax: 01992 525 172

SECTION 2

FOR INTERNATIONAL BLIND GOLF ASSOCIATION OFFICE USE ONLY

CATEGORY: B1 FOR LIFE B1 B2 B3 OVER B3

NAME OF ASSESSOR (PLEASE PRINT) _____

SIGNATURE OF ASSESSOR _____ DATE _____

SECTION 3

TO BE COMPLETED BY THE OPHTHALMOLOGIST OR OPTOMETRIST

PLEASE TEST THE VISUAL ACUITY OF THIS PERSON USING BEST SPECTACLE / CONTACT LENS CORRECTION.

TEST BINOCULAR AND BETTER EYE ACUITY BUT RECORD ONLY THE BEST RESULT ATTAINED ON THE HORIZONTAL SCALE BELOW.

IF THE RESULT IS LESS THAN COUNT FINGERS PLEASE CHECK WHETHER HE/SHE CAN DIFFERENTIATE BETWEEN A BLANK SHEET OF WHITE PAPER AND THE SHEET OF PAPER WITH THE BLACK SYMBOL BELOW ON IT AT ANY DISTANCE OR IN ANY DIRECTION – I.E. D.S.

6/36 6/60 5/60 4/60 3/60 2/60 1/60 CF DS PL NPL
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DID THE TESTEE WEAR SPECTACLES / CONTACT LENSES WHEN TESTED?

YES

NO

NAME OF OPHTHALMOLOGIST OR OPTOMETRIST CARRYING OUT TEST

PLEASE PRINT _____

SIGNATURE _____

QUALIFICATION _____ DATE _____

