

**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 DATA BASE AND THE CATEGORY WILL BE DISPLAYED ON THE I.B.G.A. WEBSITE.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 2**

**FOR OFFICE USE ONLY**

**CATEGORY**      **B1**    **B2**    **B3**    **OVER B3**

**NAME OF ASSESSOR (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE OF ASSESSOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

