

**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.**

**SECTION 2**

**FOR OFFICE USE ONLY**

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

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

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

**POSITION HELD AND DATE** \_\_\_\_\_

**PLEASE RECORD THE RESULT ON THE HORIZONTAL SCALE BELOW**

**SECTION 3**

**TO BE COMPLETED BY THE TESTER**

Name of person being tested \_\_\_\_\_

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

**TEST BINOCULAR AND BETTER EYE ACUITY BUT RECORD ONLY THE BETTER RESULT ATTAINED.**

**PLEASE RECORD THE RESULT 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.**

0.125 0.100    0.0800 0.0630 0.05500 0.0320 0.0250 0.0200 0.0100    CF    DS    PL    NPL  
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**DID THE TESTEE WEAR SPECTACLES / CONTACT LENSES WHEN TESTED**

**YES / NO**

**NAME OF OPHTHALMOLOGIST OR OPTOMETRIST**

**PLEASE PRINT** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ - \_\_\_\_\_

**QUALIFICATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

