



Medical Assessment Form for Visually Impaired Athletes K10

To be eligible to participate in The Karatedo Federation of Hong Kong, China Limited ("KFHKCL") 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.) / Optometrist** and submitted by the **KFHKCL's specified Non-Governmental Organizations ("NGO") and designated special schools ("School")**.

Submission Requirements

1. First, make sure that you have a valid membership. Then You must send the completed form to the KFHKCL office together with all supporting medical documents. If you are a new member, please submit the membership form by the event deadline, which is the athlete's first classification presentation in a KFHKCL event that allows classification.
2. A KFHKCL 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.

NGO/ School Details	
NGO/School Name:	
NGO/School Contact Name:	
NGO/School Contact Email:	

Athlete Information:

Family name: (as shown on passport)			
First name: (as shown on passport)			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (dd/mm/yyyy):	
Country/Region:			
<input type="checkbox"/> New athlete being classified for the first time		<input checked="" type="checkbox"/> Athlete has an existing KFHKCL 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 (underlying 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)
<input type="checkbox"/> Anterior Segment	<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	<input type="checkbox"/> Anterior Segment Colour Photo
<input type="checkbox"/> Macular Retina	<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	<input type="checkbox"/> Macular OCT <input type="checkbox"/> Fundus Colour Photo <input type="checkbox"/> Retinal Fluorescein Angiography <input type="checkbox"/> Macular OCT <input type="checkbox"/> Multifocal ERG <input type="checkbox"/> VEP
<input type="checkbox"/> Peripheral Retina	<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	<input type="checkbox"/> Fundus Colour Photo, <input type="checkbox"/> Retinal Fluorescein Angiography <input type="checkbox"/> Ocular Echography
<input type="checkbox"/> Optic Nerve	<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	<input type="checkbox"/> OCT <input type="checkbox"/> VEP <input type="checkbox"/> Fundus Colour Photo <input type="checkbox"/> Retinal Fluorescein Angiography
<input type="checkbox"/> Cortical / Neurologic Disease	<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	<input type="checkbox"/> Pattern VEP <input type="checkbox"/> Multifocal ERG

Grading according to ICD-10:

		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Mark with a cross, or record a new code for less impaired eye		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:

NGO/School Verification (mandatory): <input type="checkbox"/> I verify my support of this application for this athlete's medical review	
Name:	
Position in NGO/School:	
Signature:	

Please, send this document as a PDF to the KFKHC.

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