

**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** \_\_\_\_\_



