



**THE BOSTON
MARATHON®**

John Hancock®

DISABILITY DOCUMENTATION FORM

Visual Impairment

Athletes who wish to register for an AWD Program or Division of the Boston Marathon must provide proof of disability through at least ONE of the following methods:

- 1) The athlete holds a [IPC Para Athletics Classification](#) and his/her name can be verified in the [WPA Masters List](#).
- 2) The athlete holds a [U.S. Para Athletics Classification](#) (U.S. athletes only) and his/her name can be verified in the U.S. Para Athletics Master List.
- 3) The athlete's proof of disability documentation is currently on file with the B.A.A. and may be reviewed for re-eligibility.
- 4) The athlete may upload this form completed and signed by the athlete's physician at time of registration.
- 5) The athlete may fax this form completed and signed by the athlete's physician to the B.A.A. Registration Office at (508) 435-6590.

This form may be used as documentation of vision impairment by athletes who do not hold national or IPC classification or who do not currently have documentation on file with the B.A.A. The B.A.A. strongly encourages athletes with disabilities to pursue national or international (IPC) sport classification for Para Athletics.

Athletes who wish to compete in the Visually Impaired Division of the Boston Marathon must have a visual impairment as defined by the International Paralympic Committee (IPC) and [World Para Athletics](#).

This form must be completed in English and by a registered optometrist or ophthalmologist who is familiar with the athlete's condition and medical history.

Athlete Information

Last Name:

First Name:

Gender: ☐ Female ☐ Male

Date of Birth (mm/dd/yyyy):

Medical Information

Diagnosis: _____

Impairment Type (check all that apply):

☐ Ocular (anterior) ☐ Retina (Macula) ☐ Retina (Peripheral)

☐ Optic Nerve ☐ Visual Pathways/Visual Cortex ☐ Enucleation

Age of Onset: _____ or ☐ Congenital

Current State of Condition (check all that apply):

☐ Stable ☐ Progressive ☐ Permanent

Does the athlete wears glasses or contact lenses?

☐ Glasses ☐ Contacts ☐ None

If yes, enter prescription: Right: _____ Left: _____

Does the athlete wear eye prosthesis? ☐ Right ☐ Left ☐ None

Visual Acuity

Indicate the BEST correctable visual acuity for the athlete.

Date of Most Recent Evaluation:

Right Eye:

Left Eye:

Both:

Visual Acuity Assessment Method:

Visual Acuity Chart Used:

☐ Snellen ☐ LogMAR ☐ Other:

Visual Field

It is preferred that the athlete's visual field be tested by full-field test (120 degrees) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology. One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

Indicate the visual field for the athlete in degrees (radius).

Right Eye:

Left Eye:

Both:

Visual Field Assessment Method:

Classification

There are currently three (3) sport classifications for vision impairment in Para Athletics. Based on a recent evaluation, indicate which sport class profile most accurately describes the athlete's best correctable visual impairment.

Class	Profile	Snellen
<input type="checkbox"/> T11	Visual acuity is poorer than LogMAR 2.60.	NA
<input type="checkbox"/> T12	Visual acuity ranges from LogMAR 1.50 to 2.60 (inclusive), and/or the visual field is constricted to a diameter of less than 10 degrees.	20/630 – 20/7962 (Feet) 6/189 – 6/2389 (Meters)
<input type="checkbox"/> T13	Visual acuity ranges from LogMAR 1.40 to 1 (inclusive), and/or the visual field is constricted to a diameter of less than 40 degrees.	20/200 – 20/500 (Feet) 6/60 – 6/150 (Meters)

Optometrist/Ophthalmologist Information

Name:

Office Address:

Physician's Email:

Website (if applicable):

Office Phone:

Statement of Eligibility

The Visually Impaired Division of the Boston Marathon is reserved for athletes who possess reduced or no vision caused by damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain. The Minimum Impairment Criteria (MIC) for this division is a best correctable visual acuity of less than or equal to LogMAR 1.0 (20/200 or 6/60) or a visual field restricted to less than 40 degrees diameter.

☐ I confirm that all information above is accurate and that the athlete has met the Minimum Impairment Criteria for visual impairment as described above.

Optometrist/Ophthalmologist Signature:

Date:

The athlete should scan and upload this completed and signed form at time of AWD Boston Marathon Registration, or fax to the B.A.A. Registration Office at 508) 435-6590