



Medical Diagnostic Form for Visually Impaired Athletes K10

To be eligible to participate in World Karate Federation (WKF) 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.)** and submitted by the athlete's **National Member Organization** (NMO – National Karate Federation) or **National Paralympic Committee (NPC)**.

Submission Requirements

1. The completed form, along with supporting medical documentation, must be submitted to the **WKF SportsID** of the athlete at least **6 weeks prior** to the athlete's first classification presentation at a WKF event licensed for Classification.
2. A WKF 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.

NMO/ NPC Details	
NMO/NPC Name:	
NMO/NPC Contact Name:	
NMO/NPC 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:			
<input type="checkbox"/> New athlete being classified for the first time		<input checked="" type="checkbox"/> Athlete has an existing WKF 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 the 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:

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

Please, upload this document as a PDF to the athlete's Sportdata profile.

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