

World Para Swimming VI Athlete Evaluation Form

Event: Citi Para Swimming World Series Mexico 2022		Date: _____ (dd/mm/yyyy)
Athlete Information:		
Family Name: _____		Date of Birth: _____ (dd/mm/yyyy)
First Name: _____		Gender: <input type="checkbox"/> Female
SDMS: _____	NPC: _____	<input type="checkbox"/> Male
Entry Sport <input type="checkbox"/> S/SB/SM11	Entry Sport <input type="checkbox"/> New	
Class: <input type="checkbox"/> S/SB/SM12	Class Status: <input type="checkbox"/> Review	
<input type="checkbox"/> S/SB/SM13	<input type="checkbox"/> Fixed Review Date: _____ (yyyy)	
<input type="checkbox"/> NE	Classification following: <input type="checkbox"/> Protest <input type="checkbox"/> CNC	
Medical Information:		
Visual Diagnosis and associated diagnoses: _____		
Age of onset: _____		<input type="checkbox"/> Progressive <input type="checkbox"/> Stable
Ophthalmic medication: _____		
Allergic reactions to ocular drugs: _____		
Optical Aids used in Competition:		
	Right eye	Left eye
<input type="checkbox"/> None	Sph: _____	Prosthesis: <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Glasses	Cyl: _____	
<input type="checkbox"/> Contact lenses	Axis: _____	
<input type="checkbox"/> Sunglasses or filters:		
Classification Decision:		
Sport Class: <input type="checkbox"/> S/SB/SM11	Sport Class Status: <input type="checkbox"/> Review	
<input type="checkbox"/> S/SB/SM12	<input type="checkbox"/> Fixed Review Date: _____	
<input type="checkbox"/> S/SB/SM13	<input type="checkbox"/> Confirmed	
<input type="checkbox"/> NE		
<input type="checkbox"/> Classification Not Completed		
_____	_____	dd/mm/yyyy
Printed name of VI Classifier 1	Signature	Date
_____	_____	dd/mm/yyyy
Printed name of VI Classifier 2	Signature	Date
I acknowledge that this classification decision has been communicated to me:		
_____	_____	dd/mm/yyyy
Printed name of the Athlete	Signature or fingerprint	Date
<input type="checkbox"/> Athlete declines to sign		

Athlete's last name:		SDMS:	
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Assessment

Visual Acuity Results (Final)		
	Right eye	Left eye
<input type="checkbox"/> No optical correction		
<input type="checkbox"/> Autorefractor		
<input type="checkbox"/> Glasses		
<input type="checkbox"/> Contact Lenses		
Correction used		
	Right eye	Left eye
Sph:		
Cyl:		
Axis:		
Visual Field Results		
	Right eye	Left eye
Diameter (in degrees)		
<input type="checkbox"/> Copy attached (mandatory)		

Preliminary Results

LogMAR Chart					
Right eye			Left eye		
Size	Distance	Acuity	Size	Distance	Acuity
STE					
Right eye			Left eye		
Size	Distance	Acuity	Size	Distance	Acuity

Swimming Codes of Exceptions		
Required for all athletes in S/SB/SM11, optional for athletes in S/SB/SM12 or S/SB/SM13		
<input type="checkbox"/> Blackened goggles	<input type="checkbox"/> Tapper	<input type="checkbox"/> None

Comments and Observations:		
Does the athlete need to submit additional medical diagnostic information to support the presence of his/her impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate additional medical diagnostic information required:		
Comments:		

Athlete Evaluation Agreement Form

I wish to undergo the athlete evaluation process detailed in the World Para Swimming Classification Rules and Regulations and acknowledge that the following steps are essential to complete this process:

1. I understand that this process may require me to participate in sport-like exercises and activities that may include me being observed whilst competing. I understand that there is a risk of injury in participating in such exercises and activities. I confirm that I am healthy enough to participate in athlete evaluation.
2. I understand that I must comply with the requests made by both World Para Swimming and the classification panel, including providing sufficient documentation to determine whether I comply with the eligibility requirements for World Para Swimming. I also understand that if I fail to comply with any such request then athlete evaluation may be suspended without a sport class being allocated to me.
3. I understand that athlete evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/or the degree of my impairment during athlete evaluation may result in me facing disciplinary action.
4. I understand that athlete evaluation is a judgment process and I agree to abide by the judgment of the classification panel. If I do not agree with the decision of the classification panel, I agree to abide by the protest and/or appeal process as set out in the World Para Swimming Classification Rules and Regulations.
5. I may be photographed and/or audio or visual recorded by World Para Swimming staff and officials (including classifiers) during the athlete evaluation process, including my activity on and off the field of play. Otherwise, however, photography, audio and visual recording of the athlete evaluation process are strictly prohibited.
6. My personal data (including my sport class, sport class status and relevant medical information that has not already been collected by the IPC in the IPC athlete eligibility agreement) (**Personal Data**) will be collected by the IPC, World Para Swimming, my National Paralympic Committee (**NPC**) and/or my National Federation (**NF**), and will be stored by the IPC and World Para Swimming (including being transferred to or stored on the IPC's owned or contracted servers) and used by the IPC, World Para Swimming, my NPC and/or my NF (which may include organisations located in countries outside of the European Union not recognised by the European Commission as offering an adequate level of data protection) for the purposes of and to the extent necessary in relation to athlete evaluation and facilitating my participation in IPC competitions.
7. My Personal Data will be transferred to the IPC Medical & Scientific Director (or designated representative) and/or the IPC medical committee if the classification panel, upon review of medical diagnostic information or through any observation during athlete evaluation, is of the view that I may have a health condition that could be adversely impacted by my participation in the sport of World Para Swimming, for the purposes of assessing that risk and determining the appropriate outcome.
8. My name, gender, year of birth, country, sport class and sport class status will be published by World Para Swimming and shared with my NPC, NF and competition organisers.

9. My Personal Data will be used in any other way to which I provide express consent to the IPC or World Para Swimming. It will not be kept beyond the purposes identified herein and, unless it is anonymised and/or there is a legal purpose for retaining it, it will be deleted when such purposes have been exhausted.

Release of claims

I hereby release the IPC, World Para Swimming, and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection, storage and use of my Personal Data by the IPC, World Para Swimming, my NPC or NF and/or my participation in athlete evaluation.

Access to Personal Data

I understand that I have a right to access and correct or erase the Personal Data or restrict or object to the processing of such Personal Data that the IPC and World Para Swimming holds about me under data protection law by contacting my NPC or NF, who will, if required, contact the IPC or World Para Swimming. I understand that I have the right to data portability and to lodge a complaint with a supervisory authority. Further, the provision of Personal Data is a requirement necessary for me to enter into this Agreement. I also understand that my eligibility to participate in the sport of World Para Swimming is contingent on the provision of Personal Data and my voluntary participation in athlete evaluation so that a sport class can be allocated to me. I further understand that my agreement in relation to the collection, processing, use, storage and/or transfer of Personal Data may be withdrawn at any time which will result in me being ineligible to participate in the sport of World Para Swimming.

Contact details

I may contact the IPC’s data protection officer should I have any questions about the use of my Personal Data: 2B Advice GmbH, Joseph-Schumpeter-Allee 25, 53227 Bonn, Germany, +49 228 926165-100, ipc@2b-advice.com

I have read and agree to comply with this Athlete Evaluation Agreement Form. The information set out in this document is correct.

Printed name of athlete	Athlete signature	Date
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Printed name of athlete representative (mandatory if present, including if the athlete is a minor or lacks legal capacity under national legislation)	Athlete representative signature	Date
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