



**IISA PARA ATHLETE
EVALUATION
AGREEMENT FORM**

1.1 ATHLETE'S AGREEMENT DECLARATION

- 1.1.1 I wish to undergo the athlete evaluation process detailed in the IISA Swimming Classification Rules and Regulations and acknowledge that the following steps are essential to complete this process:
- 1.1.2 I understand that this process may require me to participate in sport-like exercises and activities, including being observed whilst competing. I understand there is a risk of injury when participating in such exercises and activities. I confirm that I am healthy enough to participate in athlete evaluation.
- 1.1.3 I understand that I must comply with the requests made by IISA and the classification panel, including providing sufficient documentation to determine whether I comply with the eligibility requirements for Ice Swimming. I also understand that if I fail to comply with any such request, athlete evaluation may be suspended without a sports class being allocated.
- 1.1.4 I understand that athlete evaluation requires me to give my best effort and that any intentional misrepresentation of my skills, abilities and the degree of my impairment during athlete evaluation may result in me facing disciplinary action.
- 1.1.5 I understand that athlete evaluation is a judgment process, and I agree to abide by the judgment of the classification panel. Suppose I disagree with the decision of the classification panel. In that case, I agree to abide by the protest and appeal process in the IISA Swimming Classification Rules and Regulations.
- 1.1.6 I may be photographed and audio or visual recorded by IISA staff and officials (including classifiers) during the athlete evaluation process, including my activity on and off the field of play. Otherwise, photography, audio and visual recording of the athlete evaluation process are strictly prohibited.
- 1.1.7 My personal data (including my sports class, sports class status and relevant medical information that the IISA athlete eligibility agreement has not already collected) (Personal Data) will be collected by the IISA. They will be stored by the IISA (including being transferred to or stored on the IPC's owned or contracted servers) and used by the IISA (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 concerning athlete evaluation and facilitating my participation in IISA competitions.
- 1.1.8 My Personal Data will be transferred to the IISA Para Committee or Medical & Scientific Director (or designated representative) and the IISA 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 Ice Swimming, to assess that risk and determine the appropriate outcome.
- 1.1.9 My name, gender, year of birth, country, sports class and status will be published by IISA and shared with my national federation and competition organisers.
- 1.1.10 My Personal Data will be used in any other way to which I provide express consent to the IISA. It will not be kept beyond the purposes identified herein. Unless it is anonymised and there is a legal purpose for retaining it, it will be deleted when such purposes have been exhausted.
- 1.1.11 Release of Claims:

- 1.1.11.1 I hereby release the IISA Board 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 concerning the collection, storage and use of my Personal Data by the IISA and my participation in athlete evaluation.
- 1.1.12 Access to Personal Data:
 - 1.1.12.1 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 IISA holds about me under data protection law by contacting my National Federation, who will if required, contact the IISA Board. 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 necessary for me to enter into this Agreement. I also understand that my eligibility to participate in Ice Swimming is contingent on providing Personal Data and my voluntary participation in athlete evaluation to allocate a sports class to me. I further understand that my agreement concerning the collection, processing, use, storage, and transfer of personal data may be withdrawn at any time, resulting in my being ineligible to participate in the sport of ice swimming as a PARA swimmer.
- 1.1.13 Contact details:
 - 1.1.13.1 I may contact the IISA data protection officer should I have any questions about using my Personal Data: internationaliceswimming@gmail.com
- 1.1.14 I have read and agree to comply with this Athlete Evaluation Agreement Form. The information set out in this document is correct.

Athlete Name _____

Signature. _____ Place _____ Date _____

Legal Guardian or Representative Name (if required) _____

Signature _____ Place _____ Date _____

1.2 PHYSICAL IMPAIRMENT (“PI”) - MEDICAL DIAGNOSTIC FORM

1.2.1 IISA uses the World Para Swimming evaluation process as a guideline. Athletes must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment. The impairment measurement during the classification process must correspond to the diagnosis below.

1.2.2 Completed forms and relevant Medical Diagnostic Information must be emailed to the IISA Para Committee. IISA holds the right to request further information if required. The athlete can only undergo classification once the requested information is provided.

1.2.3 Please fill in the form electronically. Medical Information is to be completed in English by a registered Medical Doctor, M.D.

1.2.4 Athlete Details:

- Family Name _____
- Give Name/s _____
- Sex [M/F] _____
- Date of Birth _____
- Country _____

Nationality acc. Passport _____

1.2.5 Medical Doctor Assessment:

- Athlete’s Medical Diagnosis (Health Condition)
- _____
- _____
- _____
- _____
- Include a description of the body part/s affected and limitations:
- _____
- _____
- _____
- _____

1.2.6 Primary Impairment/s arising from the Medical Diagnosis (Health Condition) Tick boxes:

- Impaired muscle power
- Impaired passive range of motion
- Ataxia
- Athetosis
- Hypertonia
- Leg length difference
- Limb deficiency/loss
- Short Stature (height in cm) _____

1.2.7 Medical condition: tick boxes

- Permanent
- Stable
- Progressive
- Fluctuating



- 1.2.8 Year of onset _____
- 1.2.9 Review in years (if not permanent) _____
- 1.2.10 Congenital (birth)
- Yes
 - No
- 1.2.11 Diagnostic Evidence to be attached:
- 1.2.12 Medical Diagnostic Report and Physical Examination results (for example, ASIA scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)
- 1.2.13 Treatment History:
- 1.2.14 Regular Medication – list of dosage and reason
- _____
 - _____
 - _____
 - _____
- 1.2.15 Presence of additional medical conditions/diagnoses:
- Vision Impairment
 - Intellectual Impairment
 - Hearing impairment
 - Psychological diagnosis
 - Impaired respiratory function
 - Impaired metabolic function
 - Impaired cardiovascular function
 - Pain
 - Joint hypermobility/instability
 - Impaired muscle endurance (e.g. chronic fatigue)
 - Other
- 1.2.16 Describe additional medical conditions:
- _____
 - _____
 - _____
 - _____
- 1.2.17 **Confirmation of Information by the Medical Doctor:**
- Doctor Name _____
 - Medical Speciality _____
 - Registration Number _____
 - Address _____
 - Country _____
 - Phone _____
 - Email _____
 - Signature _____
 - Date _____



1.3 VISION IMPAIRMENT (“VI”) - MEDICAL DIAGNOSTIC FORM

1.3.1 The form is to be completed in English and by a registered ophthalmologist.
All medical documentation required on pages 2-3 needs to be attached.
The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

1.3.2 Athlete Details:

- Family Name _____
- Give Name/s _____
- Sex [M/F] _____
- Date of Birth _____
- Country _____

Nationality acc. Passport _____

1.3.3 Medical Doctor Assessment:

- Medical history
- _____
- _____
- _____
- _____
- Age of onset _____
- Anticipated future procedure(s):
- _____
- _____
- _____
- Athlete wears glasses
- YES
- NO
- Correction
- Right
- Left
- Athlete wears contact lenses
- YES
- NO
- Correction
- Right
- Left
- Athlete wears eye prosthesis
- Right
- Left

1.3.4 Medication:

1.3.5 Eye medications used by the athlete _____

1.3.6 Ocular drug allergies _____



- 1.3.7 Assessment of visual acuity and visual field
- Visual Acuity
 - Right eye with correction _____
 - Right eye without correction _____
 - Left eye with correction _____
 - Left eye without correction. _____
 - Type of Correction _____
 - Measurement Method _____
 - Visual Field (In degrees – diameter)
 - Right Eye _____ Left eye _____
- 1.3.8 Attachments to the Medical Diagnostic Form
- Visual field test
 - A visual field test must be attached to this form for all athletes with a restricted visual field. Depending on the pathology, the athlete’s visual field must be tested by a full-field test (120 degrees) and a 30-degree-, 24-degree- or 10-degree central field test. One of the assessment's perimeters should be used: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).
- 1.3.9 Additional medical documentation (mandatory)
- Please specify which eye condition the athlete is affected by.
 - Eye Condition _____ and required additional documents
 - Anterior disease: none
 - Macular disease: Macular OCT, Multifocal and Pattern ERG, VEP, Pattern appearance VEP
 - Peripheral retina disease: Full field ERG, Pattern ERG
 - Optic nerve disease: OCT, Pattern ERG and VEP, Pattern appearance VEP
 - Cortical / Neurological disease: Pattern ERG and VEP, Pattern appearance VEP
- 1.3.10 The ocular signs must correspond to the diagnosis and degree of vision loss. If the eye condition is evident and visible and explains the loss of vision, no additional medical documentation is required. Otherwise, the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers cannot allocate a sports class.
- Notes on electrophysiological assessments (VEPs and ERGs):
Where there is a discrepancy or a possible discrepancy between the degree of visual loss and the visible evidence of ocular disease, the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.
- 1.3.11 Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying the equipment used and its calibration status. The tests should be performed as a minimum to the standards established by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).
- 1.3.12 A Full Field Electroretinogram (ERG) tests the function of the whole retina in response to brief flashes of light. It can separate functions from either rod- or cone-mediated system. It does not, however, give any indication of macular function.

- A Pattern ERG tests the central retinal function, driven by the macular cones but mainly originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.
- A Visual evoked cortical potential (VEP) records the signal produced in the primary visual cortex (V1) in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.
- A Pattern appearance VEP is a specialised version of the VEP used to establish a visual threshold, which can objectively demonstrate visual ability to the level of the primary visual cortex.

1.3.13 Confirmation of Information by the Medical Doctor:

- Doctor Name _____
- Medical Speciality _____
- Registration Number _____
- Address _____
- Country _____
- Phone _____
- Email _____
- Signature _____
- Date _____

1.4 INTELLECTUAL IMPAIRMENT (“II”) - MEDICAL DIAGNOSTIC FORM

1.4.1 Athlete Details:

- Family Name _____
 - Give Name/s _____
 - Sex [M/F] _____
 - Date of Birth _____
 - Country _____
- Nationality acc. Passport _____

1.4.2 Sport Cognition Test

Test	Cut-off	Athlete has a higher score than the cut-off score		Decision*	
		NO	YES		
Flanker Test	40.7			0	1*
Memory Corsi	6.69			0	1*
Tower of London	12.43			0	1*
Block Design	58.31			0	1*
Matrix reasoning	28.91			0	1*
Total Score					

- YES score translates into 1

1.4.3 Relevant observations on sport cognition test:

- _____

1.4.4 Confirmation and Information of the Medical Doctor:

- _____

1.4.5 Confirmation of Information by the Medical Doctor:

- Doctor Name _____
- Medical Speciality _____
- Registration Number _____
- Address _____
- Country _____
- Phone _____
- Email _____
- Signature _____
- Date _____