

United States Blind Golf Association  
**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**  
**PLEASE PRINT CLEARLY**

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.

THE RESULTS OF THIS TEST WILL BE HELD ON A DATA BASE AND THE CATEGORY WILL BE DISPLAYED ON THE I.B.G.A. WEBSITE.

SIGNED \_\_\_\_\_ date \_\_\_\_\_

**SECTION 2**

FOR IBGA OFFICE USE ONLY

CATEGORY      B1    B2    B3    OVER B3

NAME OF ASSESSOR (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF ASSESSOR \_\_\_\_\_

POSITION HELD AND DATE \_\_\_\_\_

**SECTION 3**  
**PLEASE PRINT CLEARLY**

**TO BE COMPLETED BY THE OPHTHALMOLOGIST OR OPTOMETRIST.**

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.**

20/160 20/200 20/320 20/400 20/630 20/800 20/1000 cf DS PL NPL

**DID THE TESTEE WEAR SPECTACLES / CONTACT LENSES WHEN TESTED**

**YES / NO**

**NAME OF OPHTHALMOLOGIST OR OPTOMETRIST**

**PLEASE PRINT** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ - \_\_\_\_\_

**QUALIFICATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Return to:  
USBGA Office**

