

FISA CLASSIFICATION GUIDELINES For Adaptive Rowers

PREAMBLE

FISA's objective for adaptive rowing is inclusion: to provide the opportunity for rowers with a disability, both men and women, to compete at FISA events and Paralympic Games. FISA is responsible for the classification of adaptive rowers who wish to compete in rowing at an international level and has established classification criteria that define the minimum disability of a rower permitted to compete in each of the designated boat classes. Before a rower can compete in a FISA event, the Paralympic Qualification regatta or Paralympic Games, the classification of the rower must be approved by FISA.

Classification places rowers in groupings with other rowers of similar levels of functional ability to provide competition that is as fair as possible. In spite of this criteria, FISA recognises and accepts that the respective classifications encompass a range of disabilities and that there will be rowers with disabilities which may be greater than the minimum and who may therefore be at a disadvantage competing in their adaptive boat class.

These guidelines will be revised as FISA works to harmonize its classification procedures with the International Standards set out in the International Paralympic Committee (IPC) Classification Code. The Code will be accepted by FISA on or before the opening of the 2008 Paralympic Games and implemented by FISA on or before the opening of the 2012 Paralympic Games.

FISA CLASSIFIERS

A FISA International Classifier is one who has been approved as such by FISA. There are two types of FISA International Classifier:

- (1) FISA Medical Classifier : a medical doctor, doctor of osteopathic medicine, or physiotherapist
- (2) FISA Technical Classifier: a person with extensive practical knowledge of rowing, such as a rowing coach, sport scientist, former rower, physical educator or similarly qualified person.

The Executive Committee shall appoint a FISA Head of Classification from amongst the FISA International Classifiers, with responsibility for the overall direction, administration, coordination, and implementation of Classification matters for FISA.

The Adaptive Rowing Commission, in consultation with the Head of Classification, shall appoint a FISA International Classifier as Chief Classifier for each FISA event where adaptive races are held. The Chief Classifier shall be responsible for the direction, administration, coordination, and implementation of Classification matters at the event for which they are appointed.

A FISA Classification Panel shall be appointed by the FISA Adaptive Rowing Commission for the purpose of classification of rowers, and shall comprise two (2) FISA International Classifiers, one a Medical Classifier, and one a Technical Classifier.

A Trainee Classifier is a person who has attended a National Classification Workshop, but who needs supervision to classify rowers correctly and has not yet been appointed as a National Classifier. A Trainee Classifier may serve on a National Classification Panel with supervision of a National or International Classifier and determine the sport class and sport class status of a rower wishing to compete in a national event.

A National Classifier is a person who has participated in a National Classification Workshop and has achieved a basic understanding of the classification process and has been appointed as a National Classifier. Subject to the rules of the national federation concerned, a National Classifier may serve on a National Classification Panel within their own federation, and determine the sport class and sport class status of an rower wishing to compete in a national event.

A FISA International Classifier is a person who has participated in a FISA International Classification Workshop, has classified rowers on their own and shown competence in performing all of the classification tasks and has met the requirements of the FISA Adaptive Rowing Commission to be appointed as a FISA International Classifier. A FISA International Classifier may be appointed to serve on a FISA Classification Panel and a Classification Protest Panel, and is qualified to determine the sport class and sport class status of a rower wishing to compete at a FISA or IPC event.

The Adaptive Rowing Commission shall organise Classification Workshops and establish qualification criteria for the training and appointment of FISA International Classifiers. The Council shall consult the Head of Classification and the Adaptive Rowing Commission in making regulations regarding the qualification process and the appointment of Classifiers.

CLASSIFICATION STATUS:

New (N) Status

A sport class status of "N" shall be allocated to a rower who has not been classified by a FISA International Classification Panel but who has been classified by two National Classifiers (one Medical and one Technical) within their own federation or region. A rower with a classification status of "N" may not compete at a FISA event, or the Paralympic Qualification Regatta or Paralympic Games Regatta.

Review (R) Status

A sport class status of "R" shall be allocated by a FISA International Classification Panel to a rower where the Panel considers the rower's classification status might change (due to a change in disability or orthotic/prosthetic use, or for reasons determined by FISA (for example a change in the classification process). Rowers with an "R" status may be required to undergo a further classification process once a year prior to competing at a FISA event, the Paralympic Qualification Regatta or the Paralympic Games Regatta. The time frame for review may vary.

Confirmed (C) Status

A sport class status of "C" may only be allocated by a FISA International Classification Panel. A rower with "C" status is confirmed for international competition and may compete in all FISA and Paralympic events permitted by their classification.

EXCEPTIONAL CIRCUMSTANCES

Once a rower has been classified and has received a Confirmed status, that rower may only be reclassified if there has been a change in the rower's disability, a change of prosthesis/ orthosis, or a change in the classification system, in which circumstances the rower shall be re-assessed by an International Classification Panel appointed for this purpose, Where a Protest against a rower's Confirmed status is lodged in Exceptional Circumstances in accordance with the Rules, such a protest shall be heard by a Classification Protest Panel, in accordance with Regulation Rule 76 (Protests against Classification).

APPLICATION PROCESS FOR ROWERS SEEKING FISA INTERNATIONAL CLASSIFICATION

Before the classification process can commence, all applicants shall submit to FISA a completed and signed *FISA Classification Application Form* and *Declaration of Medical Conditions that may require Emergency Measures Form* and *FISA Consent for Adaptive Rowing Classification Form*. Documentation from a medical doctor is required, written clearly in English, stipulating the cause and extent of a rower's disability and the date of the disability. The application form will not be regarded as complete unless all the required documentation is attached in the English language. Where the original document is in a language other than English, any translation must be accompanied by an official certification that it is a true and correct translation.

Rowers with a visual impairment or an intellectual disability must include with their application, documentation to demonstrate that they have met the appropriate classification requirements as prescribed below in section entitled "Eligibility and Classification" items 1 and 2.

Rowers with a physical disability must be classified by FISA Classifiers to confirm that they meet the eligibility requirements prescribed below.

PROCESS FOR CLASSIFICATION OF ROWERS WITH A PHYSICAL DISABILITY

A FISA International Classification Panel shall conduct the standard FISA classification process.

The process involves three parts:

- (1) Bench Test – directed by the Medical Classifier with the Technical Classifier in attendance.
- (2) Ergometer Test- directed by the Technical Classifier with the Medical Classifier in attendance.
- (3) On Water Observation- directed by both the Medical Classifier and the Technical Classifier during training and/or competition.

The Classifiers will assess rowers with a physical disability according to the processes described in the *FISA Adaptive Rowing Classification Manual*.

ELIGIBILITY AND CLASSIFICATION

If a rower in any class with an amputation is classified with a prosthesis or orthosis on, that rower must compete with the same prosthesis or orthosis, or be re-classified.

Rowers may move up in class for competition without affecting their sport class status, but may not move down. For example, a rower classified as TA may row as LTA, but not as A.

A. LTA (Legs, trunk and arms)

The LTA class is for rowers with a disability who have the use of their legs, trunk and arms and who can utilise the sliding seat.

Eligible LTA rowers may typically have a minimum disability equivalent to one of the following:

- Amputee.
- Neurological Impairment equivalent to incomplete lesion at S1.
- Cerebral Palsy Class 8 (CPISRA).
- Visual Impairment: 10% of vision in best eye with best correction (from visual acuity above 2/60 up to visual acuity of 6/60 and/or a visual field of more than 5% and less than 20%)
- Intellectual impairment: INAS-FID April 2005 criteria

LTA rowers must meet minimum disability requirements in at least one of the following three disability groups:

(1) Intellectual disability

A rower must meet the eligibility criteria established by the International Sports Federation for Persons with an Intellectual Disability (INAS-FID) and have completed the rower eligibility application using the April 2005 Form on the INAS-FID website (www.inas-fid.org) and have been issued with a INAS-FID Athletes Card. Rowers classified under criteria prior to April 2005 must be re-registered with INAS-FID using the April 2005 Form. The *FISA Classification Application Form* must be completed and submitted to FISA accompanied by a copy of INAS-FID April 2005 Form with support documents such as a copy of IQ test score and INAS-FID Athletes Card by the closing date for entries for the event at which the rower wishes to compete. ID rowers are not permitted to compete in any Paralympic Qualification Regatta or the Paralympic Games Regatta in accordance with the rules of the International Paralympic Committee for the Paralympic Games.

(2) Visual impairment

Prior to any FISA event at which they wish to compete, a rower with visual impairment must have been classified by an ophthalmologist or the International Blind Sports Federation (IBSA) in one of the B3, B2 or B1 classes. Refer to <http://www.ibsa.es>. The *FISA Classification Application Form* must be completed with supporting documentation and submitted to FISA by the closing date for entries for the event at which the rower wishes to compete (refer to the Vision Qualification Form). Prior to competing at the World Rowing Championships, any Paralympic Qualification Regatta, or the Paralympic Games, all Visually Impaired rowers must undergo a classification by an IBSA Classifier. This may occur prior to or at the event.

Note:

If the crew of an LTA4+ includes rowers who are classified as visually impaired, a maximum of two such rowers is permitted in the crew, only one of whom may be B3 class.

Rowers classified as visually impaired must wear FISA or IBSA approved eyewear at all times when on the water during training, warm up, cool down, and competition from the opening day of the course until disembarking after the final race of their competition. Such eyewear shall completely block all light. All eyewear must be checked for a secure fit and complete light occlusion by an IBSA doctor during classification or by a FISA International Classifier if an IBSA doctor is not present (Suggested eyewear can be found on www.worldrowing.com).

Eyewear may be checked for compliance with these Guidelines and the FISA Adaptive Rowing Regulations on the pontoon prior to the rower going on the water or at any time when the crew is on the water by the Jury, a member of the Control Commission, FISA International Classifiers or FISA Adaptive Rowing Commission.

(3) Physical Disability

The minimum physical disability is the loss of ten points on one limb or fifteen points across two limbs when assessed using the *Functional Classification Test* as set out in the Classification Application Form for Physical Disabilities, a full loss of three fingers on one hand, or at least a tarsal metatarsal amputation of the foot.

B. TA (Trunk and Arms)

The TA class is for rowers who have trunk movement but who are not able to use the sliding seat to propel the boat because of significantly weakened function of the lower limbs.

Eligible TA rowers may typically have a minimum disability equivalent to at least one of the following:

- Bilateral around knee amputation, or significantly impaired quadriceps, or
- Neurological impairment equivalent to a complete lesion at L3 level, or an incomplete lesion at L1, or
- Combination of the above such as one leg with around knee amputation and one leg with significant quadriceps impairment; or
- Classification by the international sports federation for rowers with cerebral palsy (CPISRA) as eligible to be in CP Class 5.

C. A (Arms Only)

The A class is for rowers who have no or minimal trunk function (i.e. shoulder function only). An A class rower is able to apply force predominantly using the arms and/or shoulders.

Eligible rowers may typically have a minimum disability equivalent to at least one of the following:

- Cerebral Palsy Class 4 (CP-ISRA); or
- Neurological Impairment with a complete lesion at T12 level, or an incomplete lesion at T10

CONSENT FOR FISA ADAPTIVE ROWER CLASSIFICATION

Explanation:

For a rower to be eligible to compete in FISA and Paralympic events, the rower must be classified under the FISA Classification guidelines.

Failure to cooperate with the Classifiers or failure to complete the classification procedure will lead to ineligibility to compete in the FISA event, the Paralympic Qualification regatta or the Paralympic Games.

The Classification process will be conducted with all due care to limit any discomfort to individual rowers. However, failure to complete the classification process, regardless of discomfort, will result in the rower not being classified and therefore not being eligible to compete in FISA or Paralympic events. The rower may withdraw their consent at any time but the process will then not be undertaken and the rower will not be classified and will also not be eligible to compete in FISA or Paralympic events.

By signing this consent form the rower agrees to waive his/her rights to make any claim against the Classifiers, FISA or anyone who might then claim against the Classifiers or FISA, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to the classification procedure of the rower. The rower agrees to fully indemnify FISA and the Classifiers should any claim be made against them in any way related to the classification of the rower.

The following is an agreement by the rower, and the rower's parent/legal guardian where appropriate; consenting that the rower agrees to fully participate in the FISA identified eligibility criteria and classification procedure.

By signing below the rower agrees to complete the test honestly to the best of his/her ability.

I, _____ of (Federation) _____

consent to be classified under the FISA identified eligibility criteria and classification procedure for FISA and Paralympic events.

I _____ Parent/legal guardian of (name of rower) _____

_____ consent to the above on behalf of _____

Signature of Rower: _____ Date: _____

Signature of Guardian: _____ Date: _____

(Note: Confirmation of guardianship status may be required).

Signature of Witness: _____ Date: _____

Print witness name and address: _____

DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES
[Please print all information and complete in English]

Name: _____ National Federation: _____

I, _____, wish to compete in FISA adaptive rowing events.
[PLEASE PRINT FULL NAME]

I understand that FISA requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition[s].

(Please print N/A if there are no associated medical conditions)

PERTINENT MEDICAL HISTORY:

Diabetes Heart Disease Cancer Stroke Recent Fracture Asthma Hypertension (high blood pressure)

Autonomic Disreflexia Dehydration Seizures Other _____

Possible Medical Complications: _____

Steps that must be taken should this arise: _____

Allergies: _____

All medication is as follows: _____

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time, e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF ROWER: _____

SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]: _____

SIGNATURE OF WITNESS: _____

PRINTED NAME OF WITNESS: _____

DATE: _____

FISA ADAPTIVE ROWING CLASSIFICATION APPLICATION FORM

Please complete in English

Family Name: _____ Given Name _____

Sex: _____ Date of Birth (dd/mm/yyyy): _____

Address: _____

Passport Number: _____ Expiry Date: _____ Federation _____

Please attach the following documentation as appropriate to the application:

1. INAS-FID documentation (including a copy of IQ test score and INAS-FID Athletes Card).
2. IBSA documentation (including a report signed by a medical ophthalmologist or optometrist).
3. For physically disabled rowers, letter from a medical physician with the rower's diagnosis, date of injury, and any other pertinent information, in clear English language.

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For Classifier's Use Only

Diagnosis+ Associated Diagnosis+ other Comments:

Visual Impairment: _____ IBSA number: _____

Intellectual Disability: _____ INAS-FID number: _____

Physical Disability:

Amputee _____ since _____

Spinal Level Impaired _____ Complete / Incomplete since _____

Others _____

Documentation of Disability Attached

Progressive: Yes / No

Seizures: Yes / No

Asthma: Yes / No

Ability to Walk: Yes / No

Crutches/Aids: Yes / No

Wheelchair: Yes / No

Testing Place & Date: _____ Recommended Class: LTA TA A

Classifier/s Comment: _____

Final Classification: **New** **Review** **Confirmed**

If R (Review) Status, provide reasons: _____

Signature, FISA Classifier (Medical) Signature, FISA Classifier (Technical)

Signature, Rower

Print Name

Print Name

Print Name

Time Rower informed of Classification: _____

FISA ADAPTIVE ROWING FUNCTIONAL CLASSIFICATION TEST

Rower Name: _____ **Federation:** _____

| Functional Classification Test | Muscle Strength (0-5 scale, no +/- scale) | | Range of Movement (0-5 scale) | |
|-----------------------------------|--|-------------|----------------------------------|-------------|
| | Right | Left | Right | Left |
| UPPER LIMBS | | | | |
| Shoulder | | | | |
| Flexion | | | | |
| Extension | | | | |
| Elbow | | | | |
| Flexion | | | | |
| Extension | | | | |
| Wrist | | | | |
| Flexion | | | | |
| Extension | | | | |
| Fingers | | | | |
| Flexion | | | | |
| Extension | | | | |
| TOTAL UPPER: R (80) L (80) | | | | |
| | | | | |
| | | | | |
| LOWER LIMBS | | | | |
| | Right | Left | Right | Left |
| Hips | | | | |
| Flexion | | | | |
| Extension | | | | |
| Knee | | | | |
| Flexion | | | | |
| Extension | | | | |
| ANKLE | | | | |
| Flexion (Plantarflexion) | | | | |
| Extension (Dorsiflexion) | | | | |
| TOTAL LOWER: R (60) L (60) | | | | |

Scales for Muscular strength

- 0 No muscle contraction
- 1 Flicker or trace of contraction
- 2 Active movement with gravity eliminated
- 3 Active movement against gravity through the full range of movement
- 4 Active movement against gravity and resistance through the full range of movement
- 5 Normal power through the full range of movement

Scales of Functional Range of Movement

- 0 No functional range of movement
- 1 Slight functional range of movement
- 2 25% functional range of movement
- 3 50% functional range of movement
- 4 75% functional range of movement
- 5 Normal functional range of movement

Minimal Disability:

(Refer to Adaptive Rowing Functional Classification Test)

Yes / No (Please circle): Minimal loss of 10 points on one limb or 15 points across two limbs in the above functional classification test chart.

Yes / No (Please circle) Full loss of three fingers on one hand.

FISA ADAPTIVE ROWING FUNCTIONAL CLASSIFICATION TEST (continued)

Rower Name _____ Federation _____

SQUAT TEST

90-degree Squat Test: *Pass / Fail*

Comments:

LONG SIT TEST

Long Sit Test: *Pass / Fail*

Comments:

ERGOMETER TEST AND ON-WATER OBSERVATION

Comments on ergometer test and on-water observation:

(Note: Comments should provide an indication of whether these tests confirm the bench test results and why, and if not, the reason that the ergometer test and/or on-water observation leads the classifiers to confirm a different category).

FISA ADAPTIVE ROWING

VISION QUALIFICATION FORM

Each visually impaired rower must complete this form along with an Ophthalmologist or Optometrist (as applicable by country). This form is based on the IBSA form and is used to determine the rower's sight classification. It is important to recognise that this classification is extremely important as the rower's classification is subject to verification by a FISA certified doctor.

| PERSONAL DETAILS | TO BE COMPLETED BY OPHTHALMOLOGIST | INSTRUCTIONS FOR THE 3-CLASS SYSTEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|------------------|---------------------|----|-------|-------|----|-------|-------|--|--|--|----|-----------------|--|----|-----------------|--|---|--|--|--|--|--|------|-------|--|---------|-------|--|--|-------|--|-------|-------|--|-----|-------|--|------------------|-----------|---------------------|--|-----------|---|-----------|--|-----------|---|
| Last Name _____ First Name _____ Address _____ _____ Nationality _____ Date of Birth Yr ____ Mo ____ Day ____ Male/Female ___ M ___ F Medication _____ Dosage _____ Medication _____ Dosage _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Visual Acuity</td> <td style="width: 15%;">With correction:</td> <td style="width: 15%;">Without correction:</td> </tr> <tr> <td>RE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>LE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">Visual Fields (if applicable) - Include copy with application</td> </tr> <tr> <td>RE</td> <td colspan="2">_____ (degrees)</td> </tr> <tr> <td>LE</td> <td colspan="2">_____ (degrees)</td> </tr> <tr> <td colspan="3" style="text-align: center;"> _____ <i>Date</i> <i>Signature of Ophthalmologist or Optometrist</i> </td> </tr> <tr> <td colspan="3">Ophthalmologist or Optometrist information:</td> </tr> <tr> <td>Name</td> <td colspan="2">_____</td> </tr> <tr> <td>Address</td> <td colspan="2">_____</td> </tr> <tr> <td></td> <td colspan="2">_____</td> </tr> <tr> <td>Phone</td> <td colspan="2">_____</td> </tr> <tr> <td>Fax</td> <td colspan="2">_____</td> </tr> <tr> <td>Competitor Class</td> <td style="text-align: center;">B1</td> <td style="text-align: center;">B2 B3</td> </tr> </table> | Visual Acuity | With correction: | Without correction: | RE | _____ | _____ | LE | _____ | _____ | Visual Fields (if applicable) - Include copy with application | | | RE | _____ (degrees) | | LE | _____ (degrees) | | _____ <i>Date</i> <i>Signature of Ophthalmologist or Optometrist</i> | | | Ophthalmologist or Optometrist information: | | | Name | _____ | | Address | _____ | | | _____ | | Phone | _____ | | Fax | _____ | | Competitor Class | B1 | B2 B3 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">B1</td> <td>No light perception in either eye up to light perception but inability to recognise the shape of a hand at any distance or in any direction</td> </tr> <tr> <td>B2</td> <td>From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 Degrees</td> </tr> <tr> <td>B3</td> <td>From visual acuity above 2/60 up to a visual acuity of 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees</td> </tr> </table> <p>NOTES:</p> <ol style="list-style-type: none"> 1. All classifications in best eye with best correction 2. Classifications should be done in an ophthalmologic office 3. Finger counting should be done with contrasting background 4. If the classification is based on a visual field defect, the rower must bring a copy of the visual field test. 5. Visual field should be tested with equipment which allows determination in degrees, with a large object. | B1 | No light perception in either eye up to light perception but inability to recognise the shape of a hand at any distance or in any direction | B2 | From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 Degrees | B3 | From visual acuity above 2/60 up to a visual acuity of 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees |
| Visual Acuity | With correction: | Without correction: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RE | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LE | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visual Fields (if applicable) - Include copy with application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RE | _____ (degrees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LE | _____ (degrees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ <i>Date</i> <i>Signature of Ophthalmologist or Optometrist</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmologist or Optometrist information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Competitor Class | B1 | B2 B3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B1 | No light perception in either eye up to light perception but inability to recognise the shape of a hand at any distance or in any direction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B2 | From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 Degrees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B3 | From visual acuity above 2/60 up to a visual acuity of 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FISA CLASSIFICATION PROTEST FORM

Name of Rower Under Protest:

Family Name: _____ Given Name: _____

Federation of Rower: _____

Current Classification and Sport Class Status: please put "√" on the eligible class

LTA _____ TA _____ A _____

Current classification: New Review Confirmed (In Exceptional Circumstances Only)

Signature of person submitting form: _____

Printed name of person submitting form: _____

Federation submitting form: _____

Date and Time of Protest:
Details of Reason of Protest:

Official use only

Date and Time received: _____

Protest Fee Paid (must be attached): _____

Signature of FISA Chief Classifier: _____

Printed name of FISA Chief Classifier: _____

