

## Medical Diagnostic Form for Athletes with Physical Impairment

Eligibility for World Obstacle Para competition requires an athlete to have an underlying medical diagnosis (Health Condition) that results in a permanent and eligible impairment. The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed forms and relevant Medical Diagnostic Information must be provided prior to competition. World Obstacle holds the right to request further information. Athlete will not be able to undergo classification, until all necessary information is provided.

**Athlete Information** (to be completed by the National Governing Body or National Paralympic Committee)

<b>Family name:</b>	
<b>Given name/s:</b>	
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of Birth:</b>	(dd/mm/yyyy)
<b>NPC:</b>	<b>NGB:</b>

**Medical Information** – to be completed in **English** by a registered Medical Doctor, M.D.

<b>Athlete's Medical Diagnosis</b> (Health Condition):	
<b>Description of body part(s) affected and limitations:</b>	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b>	
<input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia
	<input type="checkbox"/> Leg length difference <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Short stature (height: _____cm)
<b>Medical condition is:</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
<b>Year of onset:</b>	(yyyy) <input type="checkbox"/> Congenital (birth)

**Diagnostic Evidence to be attached:**

Evidence to support the above diagnosis must be attached in English:

- Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Modified Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

World Para Athletics holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in World Para Athletics Classification Rules and Regulations, including but not limited to:

- Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)

**Treatment History:****Regular Medication – List dosage and reason:****Presence of additional medical conditions/diagnoses:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Vision impairment       | <input type="checkbox"/> Impaired respiratory function     | <input type="checkbox"/> Joint Hypermobility/instability                   |
| <input type="checkbox"/> Intellectual impairment | <input type="checkbox"/> Impaired metabolic functions      | <input type="checkbox"/> Impaired muscle endurance (e.g., Chronic fatigue) |
| <input type="checkbox"/> Hearing impairment      | <input type="checkbox"/> Impaired cardiovascular functions | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> Psychological diagnoses | <input type="checkbox"/> Pain                              |  |

**Describe:**

**I confirm that the above information is accurate**

**Doctors Name:**

**Medical Specialty:**

**Registration Number:**

**Address:**

**City:**

**Country:**

**Phone:**

**E-mail:**

**Signature:**

**Date:**