Medical Diagnostic Form for Athletes with Physical Impairment

To be eligible for World Para Athletics an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (article 7 in the WPA Classification Rules and Regulations). 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 uploaded to the athlete's SDMS profile upon registration of the athlete to the SDMS. WPA holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until such time as the requested information is provided.

Please fill in the form electronically.

Athlete Information (to be completed by the NPC)

Family name:	
Given name/s:	
Gender: ☐ Female ☐ Male	**Date of Birth:** (dd/mm/yyyy)
NPC:	**SDMS ID:**

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

Athlete's Medical Diagnosis (Health Condition):	
Include description of body part/s affected and limitations:	

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

☐ Impaired muscle power	☐ Ataxia	☐ Leg length difference
☐ Impaired passive range of motion	☐ Athetosis	☐ Limb deficiency/loss
	☐ Hypertonia	☐ Short stature (height:_____cm)

Medical condition is: ☐ Permanent ☐ Stable ☐ Progressive ☐ Fluctuating

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Year of onset: (yyyy)	☐ Congenital (birth)

Diagnostic Evidence to be attached:

Evidence to support the above diagnosis **MUST** be attached **typed**, in **English** for **ALL** athletes:

☐ 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)

WPA holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in WPA 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:

☐ Vision impairment	☐ Impaired respiratory function	☐ Joint Hypermobility/ instability
☐ Intellectual impairment	☐ Impaired metabolic functions	☐ Impaired muscle endurance
☐ Hearing impairment	☐ Impaired cardiovascular functions	(e.g., Chronic fatigue)
☐ Psychological diagnoses	☐ Pain	☐ Other: _____

Describe:

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

Doctors Name:

Medical Speciality:	**Registration Number:**
Address:	
City:	**Country:**
Phone:	**E-mail:**
Signature:	**Date:**