

TO BE USED ONLY FOR NATIONAL CLASSIFICATIONS



Medical Diagnostic Form for ALL Athletes with Physical Impairment

Athlete Information

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

Medical Information

Athletes Medical Diagnosis (Underlying Health Condition, as per medical documents/ disability certificate)				
Include description of body part/s affected and limitations:				
Primary Impairment/s arising from the Medical Diagnosis (Tick what is relevant):				
<input type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Leg length difference		
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Athetosis	<input type="checkbox"/> Limb deficiency/loss		
	<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Short stature (height: _____ cm)		
Medical condition is:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Fluctuating
Year of onset:	(yyyy)	<input type="checkbox"/> Congenital (since birth)		
Diagnostic Evidence to be attached:	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)			

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Treatment History (if any, ongoing + during the time of injury):
Regular Medication – List dosage and reason (if any):
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 <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Impaired cardiovascular functions (e.g., Chronic fatigue) <input type="checkbox"/> Psychological diagnoses <input type="checkbox"/> Pain <input type="checkbox"/> Other: _____
Describe:

<input type="checkbox"/> I confirm that the above information is accurate	
Athlete / Guardian (for minor athlete) Name:	
Address:	
City:	State:
Phone:	E-mail:
Signature:	Date: