**Medical Diagnostic Form**

 **Athletes with Physical Impairment**

Classification is integral to Para sport as it provides the structure for fair and equitable competition.

Classification assessment measures impairment severity and activity limitation and places a Para athlete into a Para sport competition category so they can compete against other Para athletes with a similar Activity Limitation resulting from Impairment.

To be eligible for Para sport, a disabled athlete must have an Underlying Health Condition, (Medical Diagnosis), that results in one or more of the 10 recognised permanent Eligible Impairment types. For further information on Classification go to [Classification in Para Sport](http://www.paralympics.org.nz/Pathway/Classification)

Eligibility can be identified, and a Provisional (or temporary) Sport Class allocated, upon the receipt of this completed Medical Diagnostic Form and requested Medical Information.

Additional Medical Information may be requested by a sport to establish Eligibility.

An athlete will not be able to undergo classification until the requested Medical Information is provided.

A Provisional Sport Class will be valid for two years, or until a National Classification

Evaluation is conducted by a Classification Panel, or if there is a change in Health Condition.

**For Secondary School Sport,** a Provisional Classification is valid for the time the athlete is at secondary school, or earlier, if they receive a National Sports Class or there is a change in Health Condition.

Please email completed form and medical information to classification@paralympics.org.nz

**Please complete the form electronically**

**Athlete Information** (to be completed by **the Athlete**)

|  |  |
| --- | --- |
| **Family Name:** |  |
| **Given Name/s:** |  |
| **Gender:** | ❑ Female  | ❑ Male | **Date of Birth:** | (dd/mm/yyyy) |
| **Address:**  |  | **Email:****Phone:** |  |

**Medical Information (**to be completed by a **registered Medical Doctor**)

|  |  |
| --- | --- |
| **Athlete’s** **Health Condition (Medical Diagnosis):** |  |
| **Description of body part/s affected and limitations to activity:** |  |
| **Primary Impairment/s arising from the Health Condition (Medical Diagnosis):** |
| ❑ Impaired muscle power❑ Impaired passive range of motion❑ Limb deficiency/loss |  ❑ Ataxia ❑ Athetosis ❑ Hypertonia  |  ❑ Leg length difference ❑ Short stature (height:\_\_\_ cm) |
| **Health condition is:**  | ❑ Permanent  | ❑ Stable | ❑ Progressive | ❑ Fluctuating |
| **Health condition is:**  |  ❑ Acquired ❑ Congenital (birth) Year of onset: |
| **Diagnostic Evidence to be attached:**Evidence to support the above Health Condition **MUST** be attached for **ALL** athletes:❑ Medical Diagnostic Report and Physical Examination Results (for example: ASIA scale for Athletes with Spinal Cord Injury; Manual Muscle Power Test Score for Athletes with impaired muscle power; Range of Movement Score for Athletes with impaired range of movement; Ashworth Scale for Athletes with a neurological impairment; X-rays for Athletes with dysmelia; photo for Athletes with amputation)❑ Report(s) from additional diagnostic testing, where appropriate (for example, EMG, MRI, CT, X-ray) |
| **Treatment History:** |
| **Regular Medication – (List dosage and reason):** |
| **Presence of additional Health Conditions (Medical Diagnoses):** |
| ❑ Vision impairment❑ Intellectual impairment❑ Hearing impairment❑ Psychological diagnoses | ❑ Impaired respiratory function❑ Impaired metabolic functions❑ Impaired cardiovascular functions ❑ Pain  | ❑ Joint Hypermobility/ instability❑ Impaired muscle endurance (e.g., Chronic fatigue) ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe:** |
| **Medical Declaration** (to be completed by **a registered Medical Doctor**)**❑ I confirm that the above information is accurate**  |
| **Doctors Name:** |  |
| **Medical Specialty:** |  | **Registration Number:** |
| **Address:** |  |
| **City:** |  | **Country:** |  |
| **Phone:** |  | **Email:** |  |
| **Signature:** |  | **Date:** |  |

**Athlete Information** (to be completed by **the Athlete**)

What sport/s do you require a provisional classification in? Question – is it best to list all the sports for athletes to choose?

Are you able to walk? 🞎 yes 🞎no

Do you use crutches or a mobility aid? 🞎 yes 🞎no Type:

Are you a full-time wheelchair user? 🞎 yes 🞎no

Number of years involved in the sport:

Do you train with a coach?

Number of training sessions a week:

Number of competitions in the last 12 months:

Do you compete?

🞎 Seated (wheelchair user)

🞎 Standing (ambulant)

Athlete Declaration

I declare the information submitted on this form to be a true and accurate reflection of my sporting history.

I understand that failure to give accurate information may result in me receiving an incorrect Sports Class.

I understand that I will receive a Provisional Classification according to the information that I submit to Paralympics New Zealand on this form. I understand that information from this classification form will be held by Paralympics New Zealand (PNZ) who may share this information with other Regional, National and International organisations that are involved in my sport development.

I agree to having my photo taken and/or a video taken to support information for Classification purposes.

#

#  Signature of Athlete Date

#  (or guardian if under 18)

For further information on Classification contact:

Marguerite Christophers, PNZ Classification Manager

classification@paralympics.org.nz or +64 21 746727

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