

Medical Diagnostics Form for athletes with Physical Impairment

The form is to be completed in **English** by the athlete's individual physician.

The completed form must be completed and sent to IWAS HQ no later than four(4) weeks before the athlete undergoes athlete evaluation (unless otherwise agreed). Medical documentation providing evidence for the athlete's health condition and impairment, is to be attached to this form (see page 2).

Athlete Information

Last name: _____
First name: _____
NPC: _____
Gender: Female Male Date of Birth: _____ *dd/mm/yyyy*
Sport: _____
Years/months competing in the sport at national level: _____

Medical Information

Description of the Athlete's medical diagnosis and the loss of function this health condition results in:

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| |
| Health condition is: progressive stable |

Medical history:

Health condition is: _____ acquired congenital _____
If acquired, age of onset: _____
Anticipated future procedure(s): _____

Medication:

Attachments

The athlete’s health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the classification panel, as stipulated in the IWAS Wheelchair Fencing Sport’s classification rules.

Therefore, additional, recent and relevant medical documentation has to be attached to this form if the athlete has*

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of an ankle, knee, wrist or elbow joint (X-rays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed);
- one of the coordination related impairments ataxia, athetosis or hypertonia (Modified Ashworth Scale scores to be enclosed).

Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

The IWAS Wheelchair Fencing Classification Panel may ask for further information to be submitted depending on the individual athlete’s health condition and impairment.

**Athletes and NPCs/ NFs are advised to observe the Eligible Impairments defined in IWAS Wheelchair Fencing Sport’s classification rules, as not all of the impairments mentioned above are considered Eligible Impairments in all sports.*

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| I confirm that the above information is accurate. | |
| Name: _____ | |
| Health care profession: _____ | |
| Registration Authority and Number: _____ | |
| Address: _____ | |
| City: _____ | Country: _____ |
| Phone: _____ | E-mail: _____ |
| Date: _____ <small>dd/mm/yyyy</small> | Signature: _____ |