# MEDICAL DIAGNOSTIC FORM
# ATHLETES WITH PHYSICAL IMPAIRMENT

Classification is integral to Para sport as it provides the structure for fair and equitable competition within the Paralympic Movement. Classification performs two critical functions:

1. The determination of which athletes are eligible to compete and in Para sport; and
2. The grouping of eligible athletes into Sport Classes based on the extent to which their impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to the relevant sport.

To be eligible for Para sport, an athlete must have (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition which aligns to one or more recognised permanent Eligible Impairment types.

For eligibility to be assessed, please ensure this form is completed in full and the requested medical information is provided. If eligibility is identified, a Provisional (or temporary) Sport Class will be allocated as per individual Para sport Classification rules, or until an Athlete Evaluation is conducted in-person by a Classification Panel.

Please email the completed form and medical information to info@triathlon.kiwi.

## ATHLETE INFORMATION (TO BE COMPLETED BY THE ATHLETE)

| | |
|---|---|
| Surname | |
| First Name(s) | |
| Gender | |
| Date of Birth | |
| Address | |
| Email | |
| Contact Number | |

## MEDICAL INFORMATION (TO BE COMPLETED BY A REGISTERED MEDICAL DOCTOR)

| | |
|---|---|
| **Athletes Medical Diagnosis (Health Condition):** | |
| **Description of body part/s affected and limitations to activity:** | |

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

- ❑ 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:

❑ 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)

**Treatment History:**

**Regular Medication (List dosage and reason):**

**Presence of additional medical conditions/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)**

| | |
|---|---|
| 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 per week | |
| Number of competitions in the past 12 months | |
| Do you compete:<br>➢ Seated (wheelchair user)<br>➢ Standing (ambulant) | <br>❑ Yes ❑ No<br>❑ Yes ❑ No |

**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 Triathlon NZ on this form. I understand that information from this classification form will be held by Triathlon NZ 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**
*(or guardian if under 18)*

**Date**

For further information on Classification contact:

info@triathlon.kiwi

**Please email forms back to:**
**Triathlon NZ**
**info@triathlon.kiwi**