



MEDICAL DIAGNOSTICS FORM

The form is to be completed in English by the athlete’s individual physician. Depending on the athlete’s health condition and impairment, additional medical information is to be attached to this form (see page 2).

The form has to be sent to classification@powerchairhockey.org no later than six (6) weeks before the athlete undergoes the evaluation.

ATHLETE INFORMATION

Last Name: _____

First Name: _____

Gender: Female Male Date of Birth: _____

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:

Health Condition is:	<input type="checkbox"/> Progressive	<input type="checkbox"/> Stable
----------------------	--------------------------------------	---------------------------------

MEDICAL HISTORY:

Health Condition is:	<input type="checkbox"/> Acquired	<input type="checkbox"/> Congenital
----------------------	-----------------------------------	-------------------------------------

If acquired, age of onset: _____

Anticipated future procedure(s): _____



MEDICATIONS:

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 IPC 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 IPCH Sport and the 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 each IPC Sport’s classification rules, as not all of the impairments mentioned above are considered Eligible Impairments in all sports.*

I CONFIRM THAT THE ABOVE INFORMATION IS ACCURATE

Name and Surname: _____

Health care profession: _____

Registration Authority and Number: _____

Address: _____

City: _____ Country: _____

Phone: _____ Email: _____

Date: _____ Signature: _____