

MEDICAL DIAGNOSTIC FORM

To be eligible for International Powerchair Hockey an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment. The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below. Completed forms and relevant Medical Diagnostic Information must be submitted to IPCH - World Abilitysport or uploaded to the athlete's SMS profile upon registration of the athlete to the WA-SMS. IPCH / Worldability sport holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until such time as the requested information is provided. **Please fill in the form electronically.**

Athlete's information:

Surname:		
Name:		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: <small>dd/mm/yyyy</small>

NPC/ NF/ Designated Organisation:		SDMS ID:
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Medical Information - to be completed in English by a registered Medical Doctor, M.D.

Athlete's Medical Diagnosis (Health Condition)	
Include description of the body parts affected and limitations:	

Primary impairment/s arising from the Medical Diagnosis (Health Condition):	<input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Short stature (height:_____cm)
Medical condition is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressing <input type="checkbox"/> Fluctuating
Year of onset: (yyyy)	<input type="checkbox"/> Congenital birth

Diagnostic evidence to be attached: Evidence to support the above diagnosis MUST be attached in English for ALL athletes: <input type="checkbox"/> Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation) <input type="checkbox"/> Report (s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray).
Treatment History:
Regular Medication – List dosage and reason:

Presence of additional medical conditions/ diagnoses:

- | | | |
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| <input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Impaired metabolic function
<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Impaired cardiovascular functions (e.g. Chronic fatigue)
<input type="checkbox"/> Other - <i>Describe</i> | <input type="checkbox"/> Impaired respiratory function
<input type="checkbox"/> Intellectual Impairment
<input type="checkbox"/> Psychological diagnoses | <input type="checkbox"/> Joint Hypermobility instability
<input type="checkbox"/> Impaired muscle endurance
<input type="checkbox"/> Pain |
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☐ I confirm that the above information is accurate.

Doctors name:

Medical Specialty:

Registration Number:

Address:

City:

Country:

Phone:

E-mail:

Signature:

Date: