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	☐ Male ☐ Female	**Date of birth:**	*dd/mm/yyyy*

NPC/ NF/ Designated Organisation:		**SDMS ID:**

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):	☐ Impaired muscle power ☐ Impaired passive range of motion ☐ Ataxia ☐ Athetosis ☐ Hypertonia ☐ Dyskinesia ☐ Leg length difference ☐ Limb deficiency/loss ☐ Short stature (height:_____cm)
Medical condition is:	☐ Permanent ☐ Stable ☐ Progressing ☐ Fluctuating
Year of onset: (yyyy)	☐ Congenital birth

Diagnostic evidence to be attached:
Evidence to support the above diagnosis MUST be attached in **English** for ALL athletes:

- ☐ 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)
- ☐ 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:		
☐ Vision Impairment ☐ Impaired metabolic function ☐ Hearing Impairment ☐ Impaired cardiovascular functions (e.g. Chronic fatigue) ☐ Other - *Describe*	☐ Impaired respiratory function ☐ Intellectual Impairment ☐ Psychological diagnoses	☐ Joint Hypermobility instability ☐ Impaired muscle endurance ☐ Pain

❑ I confirm that the above information is accurate. Doctors name:	
Medical Specialty:	
Registration Number:	
Address:	
City:	Country:
Phone:	E-mail:
Signature:	Date: