

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 uploaded to the athlete's SDMS profile no later than six (6) weeks before the athlete undergoes athlete evaluation. This applies to all athletes with physical impairment competing in IPC Sports. Depending on the athlete's health condition and impairment, additional medical information is to be attached to this form (see page 2).

Athlete Information

Last name: _____
First name: _____
NPC: _____
Gender: Female Male Date of Birth: _____
Sport: _____ SDMS ID: _____
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: progressive stable

Medical history:

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

Medication:

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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 IPC 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.*

<input type="checkbox"/> I confirm that the above information is accurate.	
Name: _____	
Health care profession: _____	
Registration Authority and Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____

Athlete Evaluation Consent Form

1. I agree to undergo the Athlete Evaluation process detailed in the IPC Powerlifting Classification Rules and Regulations and administered by a designated IPC Powerlifting Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that that I am healthy enough to participate in Athlete Evaluation.
 2. I understand that I have to comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for IPC Powerlifting. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.
 3. I understand that Athlete Evaluation requires me to give my best effort, and that any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action (see IPC Intentional Misrepresentation Rules in the IPC Handbook, Section 2, Chapter 1.3).
 4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined in the Classification Regulations.
 5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.
 6. I agree and consent to IPC Powerlifting processing my personal data in any format, including my full name, country, date of birth, sport, Sport Class, Sport Class Status and relevant medical information. I agree and consent to my name, country and Sport Class and Sport Class Status being published by IPC Powerlifting and shared with third parties such as Competition Organisers.
- I wish to assist IPC Powerlifting in developing the Classification system and therefore allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for research and educational purposes by IPC Powerlifting. I understand that I may withdraw this consent at any time.

_____ Printed name of the athlete	_____ Signature	_____ Date
_____ Parent / Guardian*	_____ Signature	_____ Date

*This is mandatory if the Athlete is under eighteen (18) years of age.