Member of the International Paralympic Committee

ITU Paratriathlon Medical Diagnostics Form for athletes with physical impairment

The form is to be completed in English by the athlete's individual medical physician and submitted at time of classification..
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: _____

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:

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.

Member of the International Paralympic Committee

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.

ITU Paratriathlon and the Classification Panel may ask for further information to be submitted depending on the individual athlete's health condition and impairment.

❑ **I confirm that the above information is accurate.**

❑ **I confirm that the athlete meets one or more of the IPC Eligible Impairment Types:**

❑ Loss of muscle power
❑ Loss of Range of Movement
❑ Limb Deficiency
❑ Hypertonia
❑ Athetosis
❑ Ataxia
❑ Loss of Vision

Name: _____

Health care profession: _____

Registration Authority and Number: _____

Address: _____

City: _____ Country: _____

Phone: _____ E-mail: _____

Date: _____ Signature: _____