

Athlete Evaluation Consent Form

1. I agree to undergo the Athlete Evaluation process detailed in the FISA Classification Regulations and administered by a designated FISA 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 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 Para-Rowing. 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 FISA 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 FISA and shared with third parties such as Competition Organisers.
- I wish to assist FISA 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 FISA. I understand that I may withdraw this consent at any time, and that any data held will be rendered anonymous and retained in a form in which identification of the individual is not disclosed.

Printed name of the athlete

Signature

Date

Parent / Guardian*

Signature

Date

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

Printed name of Witness

Signature

Date

DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

[Please print all information and complete in English]

Name: _____

National Federation: _____

I, _____, wish to compete in FISA adaptive rowing events.

[PLEASE PRINT FULL NAME]

I understand that FISA requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition[s].

(Please print N/A if there are no associated medical conditions)

PERTINENT MEDICAL HISTORY:

Diabetes Heart Disease Cancer Stroke Recent Fracture Asthma Hypertension (high blood pressure)

Autonomic Disreflexia Dehydration Seizures Other _____

Possible Medical Complications:

Steps that must be taken should this arise: _____

Allergies: _____

All medication is as follows: _____

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time, e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF ROWER: _____

SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]: _____

SIGNATURE OF WITNESS: _____

PRINTED NAME OF WITNESS: _____

DATE: _____

FISA PARA-ROWING CLASSIFICATION APPLICATION FORM

Please complete in English

Family Name: _____ Federation: _____
Given Name _____ Sex: _____ Date of Birth: (dd/mm/yyyy): _____
Passport Number: _____ Expiry Date: _____

Please attach the following documentation as appropriate to the application:
PR3-VI: diagnostic test documentation (including VI Medical Form signed by an ophthalmologist).
PR3-PD, PR2, PR1: FISA Medical Diagnostics Form signed by a physician, including other required information, in clear English language.

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For Classifier's Use Only

Diagnosis+ Associated Diagnosis+ other Comments:

Visual Impairment: _____ (Refer to VI Medical Form)

Physical Disability:

Amputee _____ since _____

Spinal Level Impaired _____ Complete / Incomplete since _____

Others _____

Documentation of Disability Attached (Mandatory)

Progressive: Yes / No

Seizures: Yes / No

Asthma: Yes / No

Ability to Walk: Yes / No

Crutches/Aids: Yes / No

Wheelchair: Yes / No

Length of time rowing as a para rower: _____ Years _____ Months

Para Rowing Competition Experience: _____ Years **Number of events:** _____

Testing Place & Date: _____ Recommended Class: PR3- _____ PR2 PR1 NE

Eligible for PR3 Mix2x _____ (loss of at least 20 points in one limb)

Classifiers' Comment: _____

Final Classification: New Review Review Date: _____ Confirmed

If R (Review) Status, provide reasons: _____

Signature, FISA Classifier (Medical)

Signature, FISA Classifier (Technical)

Signature, Rower

Print Name

Print Name

Print Name

Time Rower informed of Classification: _____

FISA PARA-ROWING FUNCTIONAL CLASSIFICATION ASSESSMENT CHART

Rower Name: _____ **Federation:** _____

Functional Classification Test	Muscle Strength or Coordination (0-5 scale, no +/- scale)		Range of Movement (0-10 scale)	
	Right	Left	Right	Left
UPPER LIMBS				
Shoulders				
Flexion				
Extension				
Elbows				
Flexion				
Extension				
Wrists				
Flexion				
Extension				
Fingers				
Flexion				
Extension				
TOTAL UPPER: R (80) L (80)				
LOWER LIMBS				
Hips				
Flexion				
Extension				
Knees				
Flexion				
Extension				
Ankles				
Flexion (Plantarflexion)				
Extension (Dorsiflexion)				
TOTAL LOWER: R (60) L (60)				

Scales for Muscular strength **Total number of points:** /280

- 0 No muscle contraction
- 1 Flicker or trace of contraction
- 2 Active movement with gravity eliminated
- 3 Active movement against gravity through the full range of movement
- 4 Active movement against gravity and resistance through the full range of movement
- 5 Normal power through the full range of movement

Scales for Coordination

- 0 No functional movement at all
- 1 severely restricted ROM due to severe hypertonic muscle stiffness and/or very minimally coordinated movements
- 2 Severely restricted ROM, severe spasticity-hypertonic muscle stiffness present and/or severe coordination problems
- 3 Moderate ROM, moderate spasticity, with tone restricting movement and/or moderate coordination problems
- 4 Almost full ROM, with slight spasticity and slight increase in muscle tone and/ or slight coordination problems
- 5 Able to move from start to end positions fluidly and consistently, maintaining full ROM of this movement

Rower Name: _____

Federation: _____

Refer to ROM numbers below for completion of this page.

Score scale for Shoulder's AFROM

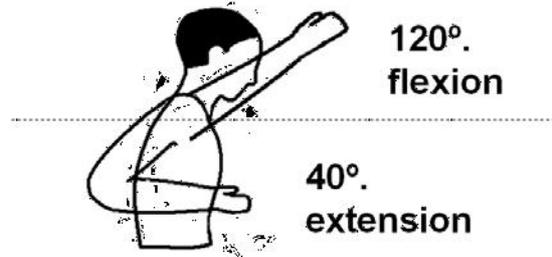
- 0°-80° = 0 points
- 81°-100° = 2 points
- 101°-120° = 4 points
- 121°-140° = 6 points
- 141°-159° = 8 points
- 160° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Shoulder AFROM

R _____ L _____

Score scale for Elbow's AFROM

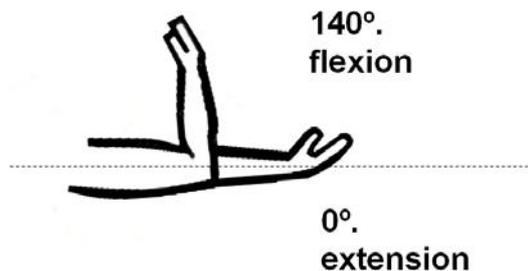
- 0°-70° = 0 points
- 71°-89° = 2 points
- 90°-107° = 4 points
- 108°-124° = 6 points
- 125°-139° = 8 points
- 140° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Elbow AFROM

R _____ L _____

Score scale for Wrist's AFROM

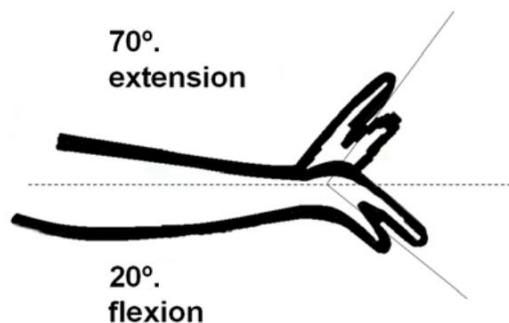
- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Wrist AFROM

R _____ L _____

Rower's Name _____

Score scale for Finger's AFROM

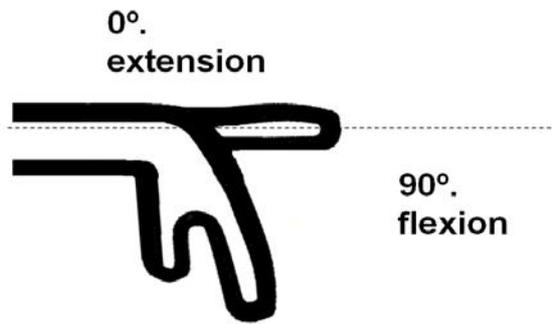
- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Finger AFROM

R _____ L _____

Score scale for Hip's AFROM

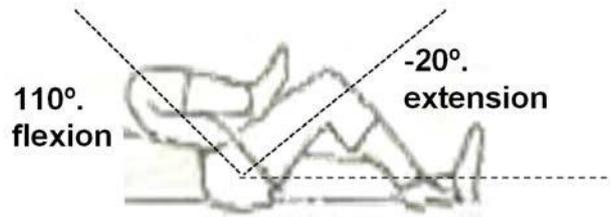
- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Hip AFROM

R _____ L _____

Score scale for Knee's AFROM

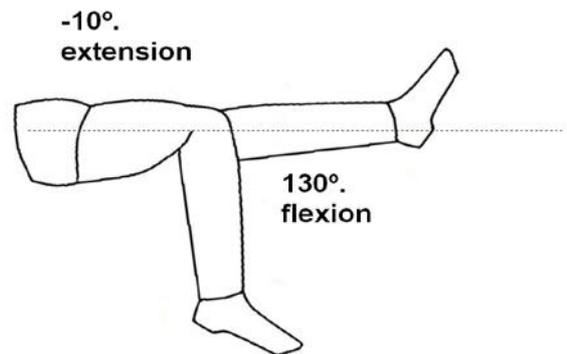
- 0°-60° = 0 points
- 61°-75° = 2 points
- 76°-90° = 4 points
- 91°-105° = 6 points
- 106°-119° = 8 points
- 120° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Knee AFROM

R _____ L _____

Score scale for Ankle's AFROM

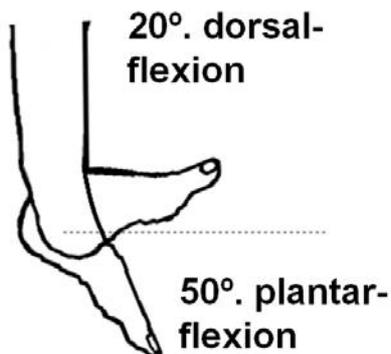
- 0°-35° = 0 points
- 36°-43° = 2 points
- 44°-52° = 4 points
- 53°-61° = 6 points
- 62°-69° = 8 points
- 70° = 10 points

Rower's Dorsi Flexion AFROM

R _____ L _____

Rowers Plantar Flexion AFROM

R _____ L _____



Total Ankle AFROM

R _____ L _____

Rower's Name _____ National Federation _____

ERGOMETER TEST AND ON-WATER OBSERVATION

Comments on ergometer test and on-water observation:

(Note: Comments should provide an indication of whether these tests confirm the bench test results and why, and if not, the reason that the ergometer test and/or on-water observation leads the classifiers to confirm a different category).

Protocol	Comments
Describe rower sitting balance	
Evaluation – sliding seat <input type="checkbox"/> Y <input type="checkbox"/> N	
Rower able to use sliding seat <input type="checkbox"/> Y <input type="checkbox"/> N	
Rower coordination < 30 spm	
Rower coordination > 30 spm	
Evaluation - fixed seat <input type="checkbox"/> Y <input type="checkbox"/> N	
Rower trunk flexion / extension	
Evaluation – strapping <input type="checkbox"/> Y <input type="checkbox"/> N	
Test with prosthesis and/or orthosis to determine best functionality of athlete <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Rower able to maintain power throughout test?	
Athlete evaluation time: minutes	
Athlete referred for on-water observation <input type="checkbox"/> Y <input type="checkbox"/> N	

Notes: Was there anything in the medical evaluation that directed your technical evaluation?

