



MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

This form is required to report an athlete's physical impairment in accordance with the International Rowing Federation (FISA) Classification Regulations for Para-Rowing.

It must be completed in full and signed by a registered or licensed physician. Please complete this form by printing legibly in ENGLISH.

The completed form with any attachments must be submitted by email from the NF on behalf of the athlete to the FISA Head of Classification:

jmorrisonpt@verizon.net

In order to properly classify athletes, this form must be completed in full and be submitted with any required or useful additional test results, at least 30 days prior to classification. Without this properly completed form, athletes may not be eligible to be classified.

1. ATHLETE INFORMATION

Family Name: _____

Given Name: _____

Gender: Female Male Date of Birth (dd/mm/yyyy): _____

Address: _____

City: _____ Country: _____

National Federation: _____

2. MEDICAL INFORMATION

Taking into consideration that to be eligible for Para-Rowing, an Athlete must have an impairment that is the direct result of a health condition which has resulted in a **permanent and verifiable activity limitation:**

Health Condition (Diagnosis) ICD-9 Code(s): _____ or ICD-10 Code(s): _____

Date of Onset of Health Condition: _____ Athlete's Age at Onset: _____

Impairments

Check the box/es below to indicate which impairment type/s the athlete has that lead/s to a permanent and verifiable activity limitation.

Permanent and Verifiable Impairment Type	Examples of health condition (diagnosis) likely to cause such impairment	Additional supporting tests/documentation that are mandatory and must be presented with this document (*) or must be presented upon request
<input type="checkbox"/> Impaired Muscle Power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb's palsy, polio, spina bifida, Guillain-Barre syndrome	Manual muscle test results* EMGs; nerve conduction velocity
<input type="checkbox"/> Impaired Range of Movement	Arthrogyriposis, ankylosis, post burns, joint contractures	Goniometric measurements*; x-rays;
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency	Photograph of affected limb*
<input type="checkbox"/> Hypertonia	Cerebral palsy, stroke, brain injury, multiple sclerosis	Manual muscle test results, Coordination testing, MRI, EMG
<input type="checkbox"/> Ataxia	Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	Manual muscle test results, Coordination testing, MRI, EMG
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury	Manual muscle test results, Coordination testing, MRI, EMG
<input type="checkbox"/> Vision Impairment	Myopia, tunnel vision, scotoma, retinitis pigmentosa, glaucoma, congenital cataract, macular degeneration	Complete VI medical diagnostics form*. (see link at www.worldrowing.com)

Rower Name _____ National Federation _____

Summary of Medical History

Future Possible Medical Procedures related to presented impairment and health condition:

All Medications (Prescribed and Over the Counter):

Allergies:

3. PLEASE ATTACH ANY RELEVANT DIAGNOSTIC TESTS

Rower Name _____ National Federation _____

4. MEDICAL PRACTITIONER DECLARATION

<input type="checkbox"/> I certify that the above-mentioned information is medically appropriate			
Name:	_____		
Medical Speciality:	_____		
Registration Number:	_____		
Address:	_____		
City:	_____	Country:	_____
Tel.:	_____	E-mail:	_____
Signature of Medical Practitioner:	_____		
Date:	_____		

It is the responsibility of the Athlete to submit a copy of this Medical Diagnostics Form and all relevant documentation to the appropriate National Federation. It is the responsibility of the National Federation to submit this Medical Diagnostics Form and all relevant documentation to the FISA Head of Classification at least 30 days prior to classification.