

MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

- This form is used 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.
- The completed form with any attachments must be submitted by email to: jmorrisontpt@verizon.net

Please complete this form by printing legibly in ENGLISH.

In order to properly classify athletes, all required forms must be completed in full, in advance of classification and be submitted with any required or useful test results. The deadline for submission of this form is 45 days prior to the date of the first Para-Rowing race for FISA events and Paralympic Games, or 15 days prior to the start of the first Para-Rowing race for International Events.

1. ATHLETE INFORMATION

Last Name: _____

First 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: _____ 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 (*) 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.
<input type="checkbox"/> Ataxia	Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	Manual muscle test results. Coordination testing.
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury	Manual muscle test results. Coordination testing.
<input type="checkbox"/> Vision Impairment	Myopia, tunnel vision, scotoma, retinitis pigmentosa, glaucoma, congenital cataract, macular degeneration	Complete IBSA medical diagnostics form*. (see link at www.worldrowing.com)

Summary of Medical History

Rower Name _____ National Federation _____

Future Possible Medical Procedures related to presented impairment:

Prescribed Medications.

Allergies:

Rower Name _____ National Federation _____

3. PLEASE ATTACH ANY RELEVANT DIAGNOSTIC TESTS

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 Report Form and all relevant documentation to the appropriate National Federation.