CONSENT FOR FISA PARA-ROWER CLASSIFICATION

Explanation:

For a rower to be eligible to compete in FISA and Paralympic events, the rower must be classified under the FISA Classification guidelines.

Failure to cooperate with or misrepresent him/herself to the Classifiers, or failure to complete the classification procedure may lead to ineligibility to compete in the FISA event, the Paralympic Qualification regatta or the Paralympic Games in addition to any penalties stated in the Classification Regulations and Bye Laws.

The Classification process will be conducted with all due care to limit any discomfort to individual rowers. However, failure to complete the classification process, regardless of pain and/or discomfort, will result in the rower not being classified and therefore not being eligible to compete in FISA or Paralympic events. The rower may withdraw their consent at any time but the process will then not be undertaken and the rower will not be classified and will also not be eligible to compete in FISA or Paralympic events.

By signing this consent form the rower agrees to waive his/her rights to make any claim against the Classifiers, FISA or anyone who might then claim against the Classifiers or FISA, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to the classification procedure of the rower. The rower agrees to fully indemnify FISA and the Classifiers should any claim be made against them in any way related to the classification of the rower.

The following is an agreement by the rower, and the rower's parent/legal guardian where appropriate; consenting that the rower agrees to fully participate in the FISA identified eligibility criteria and classification procedure.

By signing below the rower agrees to complete the test honestly to the best of his/her ability.

I, _____(printed name) of _____(Federation) consent to be classified under the FISA identified eligibility criteria and classification procedure for FISA and Paralympic events.

I _____(printed name of Parent/legal guardian) of _____(printed name of rower) consent to the above on behalf of _____(printed name of rower).

Signature of Rower:_____ Date: _____.

Signature of Guardian:_____ Date:_____.

(Note: Confirmation of guardianship status may be required).

Signature of Witness:_____Date: _____.

Print witness name and address:_____

_____.

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:
LTA-VI: diagnostic test documentation (including FISA vision qualification form signed by an ophthalmologist or optometrist).
LTA-PD, TA, AS: Letter from a medical physician with the rower's diagnosis, date of injury, and cause and extent of disability, and other pertinent information, in clear English language.

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For Classifier's Use Only

Diagnosis+ Associated Diagnosis+ other Comments:

□ Visual Impairment: _____ IBSA number: _____Date of Expiry: _____

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

Testing Place & Date: _____ Recommended Class: LTA- _____ TA AS

Classifiers' Comment: _____

_____

Length of time rowing as a para rower: _____Years _____Months

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

Final Classification: □ **N**ew □ **R**eview □ **C**onfirmed

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)	
UPPER LIMBS	**Right**	**Left**	**Right**	**Left**
Shoulders				
Flexion				
Extension				
Elbows				
Flexion				
Extension				
Wrists				
Flexion				
Extension				
Fingers				
Flexion				
Extension				
TOTAL UPPER: R (80) L (80)				
LOWER LIMBS	**Right**	**Left**	**Right**	**Left**
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

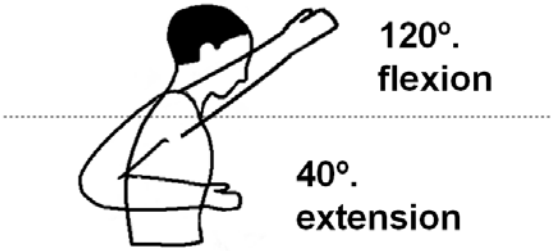
Scales for Coordination

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.

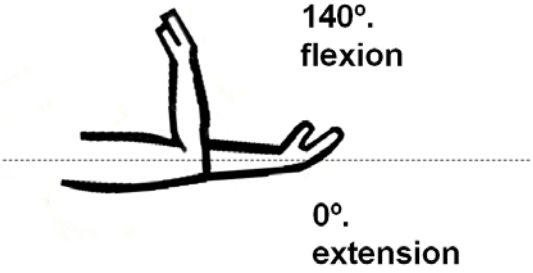
Score scale for Shoulder's AFROM
0°-80° = 0 points
81°-100° = 2 points
101°-120° = 4 points
121°-140° = 6 points
141°-159° = 8 points
160° = 10 points



Rower's Flexion AFROM
R_____ L_____
Rowers Extension AFROM
R_____ L_____

Total Shoulder AFROM
R_____L_____

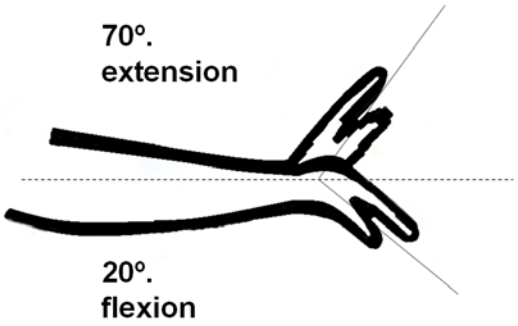
Score scale for Elbow's AFROM
0°-70° = 0 points
71°-89° = 2 points
90°-107° = 4 points
108°-124° = 6 points
125°-139° = 8 points
140° = 10 points



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

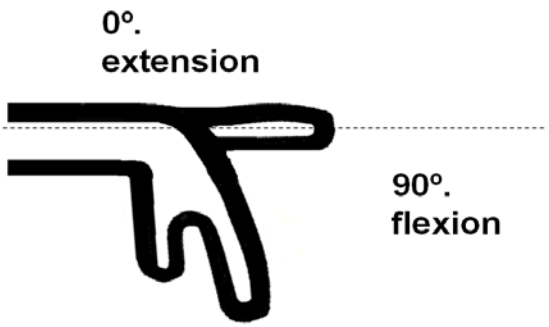


Rower's Flexion AFROM
R_____ L_____
Rowers Extension AFROM
R_____ L_____

Total Wrist AFROM
R_____L_____

Rower's Name_____

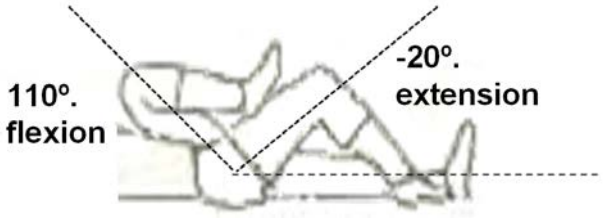
Score scale for Finger's AFROM
0°-45° = 0 points
46°-56° = 2 points
57°-67° = 4 points
68°-78° = 6 points
79°-89° = 8 points
90° = 10 points



Rower's Flexion AFROM
R_____ L_____
Rowers Extension AFROM
R_____ L_____

Total Finger AFROM
R_____L_____

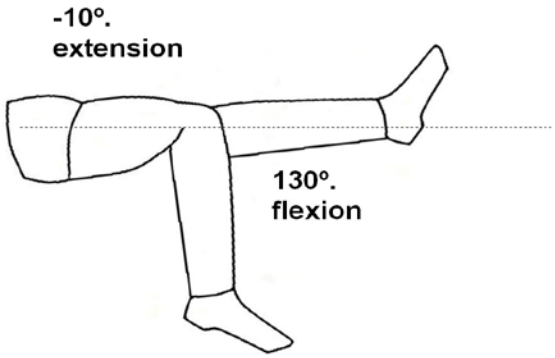
Score scale for Hip's AFROM
0°-45° = 0 points
46°-56° = 2 points
57°-67° = 4 points
68°-78° = 6 points
79°-89° = 8 points
90° = 10 points



Rower's Flexion AFROM
R_____ L_____
Rowers Extension AFROM
R_____ L_____

Total Hip AFROM
R_____L_____

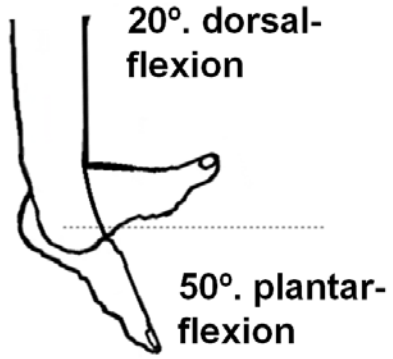
Score scale for Knee's AFROM
0°-60° = 0 points
61°-75° = 2 points
76°-90° = 4 points
91°-105° = 6 points
106°-119° = 8 points
120° = 10 points



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_____

Minimal Disability:
(Refer to Para-Rowing Functional Classification Test)

Yes / No (Please circle): Minimal loss of 10 points on one limb or 15 points across two limbs in the above functional classification test chart.

Yes / No (Please circle) Full loss of three fingers on one hand.

Yes / No (Please circle) Transmetatarsal amputation of one foot.

SQUAT TEST
90-degree Squat Test: ***Pass*** ***Fail***

Comments:
_____
_____
_____

LONG SIT TEST
Long Sit Test: ***Pass*** ***Fail***

Comments: _____
_____
_____

Additional Comments:
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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 Y N	
Rower able to use sliding seat Y N	
Rower coordination < 30 spm	
Rower coordination > 30 spm	
Evaluation - fixed seat Y N	
Rower trunk flexion / extension	
Evaluation – strapping Y N	
Test with prosthesis and/or orthosis to determine best functionality of athlete Y N N/A	
Rower able to maintain power throughout test?	
Athlete evaluation time: …… minutes	
Athlete referred for on-water observation Y N	
Notes: Was there anything in the medical evaluation that directed your technical evaluation?	

FISA PARA-ROWING

VISION QUALIFICATION FORM

Each visually impaired rower must have this form completed by an Ophthalmologist or Optometrist (as applicable by country). This form is based on the IBSA form and is used to help determine the rower's sight classification. It is important to recognise that accuracy of this form is extremely important as the rower's classification is subject to verification by an IBSA Classifier. Supplemental medical documentation should be included.

PERSONAL DETAILS

Last Name _____

First Name _____

Address _____

_____

Nationality _____

Date of Birth *Yr* ____ *Mo*____ *Day* ____

Male/Female ___ M ___ F

Diagnosis _____

Extent of Disability _____

_____

Date of Injury _____

Additional tests

TO BE COMPLETED BY OPHTHALMOLOGIST

Visual Acuity With correction: Without correction:

RE _____ _____

LE _____ _____

Visual Fields (*if applicable*) - Include copy with application

RE _____ *(degrees)*

LE _____ *(degrees)*

_____ _____

Date *Signature of Ophthalmologist or Optometrist*

Ophthalmologist or Optometrist information:

Name _____

Address _____

_____

Phone _____

Fax _____

Competitor Class **B1** **B2** **B3**

INSTRUCTIONS FOR THE 3-CLASS SYSTEM

B1	No light perception in either eye up to light perception but inability to recognise the shape of a hand at any distance or in any direction
B2	From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 Degrees
B3	From visual acuity above 2/60 up to a visual acuity of 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees

NOTES:

1. All classifications in best eye with best correction
2. Classifications should be done in an ophthalmologic office
3. Finger counting should be done with contrasting background
4. If the classification is based on a visual field defect, the rower must bring a copy of the visual field test.
5. Visual field should be tested with equipment which allows determination in degrees, with a large object.

FISA CLASSIFICATION PROTEST FORM

Name of Rower Under Protest:
Family Name: _____Given Name:_____
Federation of Rower: _____

Current Sport Class and Sport Class: please put "√" on the eligible class

LTA-_____TA_____AS_____

Current Sport Class Status: □ New □ Review □Confirmed (In Exceptional Circumstances Only)

Signature of person submitting form:

_____

Printed name of person submitting form: _____

Federation submitting form: _____

Date and Time of Protest:
Details of Reason of Protest:

_____
_____
_____
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_____

Official use only
Date and Time received: _____
Protest Fee Paid (must be attached): _____
Signature of FISA Chief Classifier: _____
Printed name of FISA Chief Classifier: _____
Protest: ***Allowed*** ***Dismissed***

Rower Name_____ National Federation_____

Decision of the Classification Protest Panel:
Process and Determination:

Date, Time: _____

Names of Classification Protest Panel Members: (Please print)

_____ **FISA Medical Classifier**

_____ **FISA Technical Classifier**

Signatures: _____

_____

Rower Printed name _____
Rower Signature _____