

# MEDICAL DIAGNOSTICS FORM FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

To be eligible to be evaluated by a Classification Panel, an athlete must have an Underlying Health Condition and Eligible Impairment. The Eligible Impairment assessed during the Evaluation Session must correspond to the diagnosis indicated in this form.

**All fields must be completed, in English, prior to submission. Please fill in the form electronically. The form must be signed by a registered or licensed Medical Physician. Without this properly completed form, athletes may not be eligible to be classified.** The Mandatory Supporting Documentation should be submitted as separate documents in the [World Rowing Online Classification Portal](#).

The completed form and attachments must be uploaded to the [World Rowing Online Classification Portal](#) by the Member Federation, no later than **60 days** prior to the scheduled Evaluation Session.

World Rowing holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until such time as the requested information is provided.

## 1. ATHLETE INFORMATION

Family Name:

Given Name:

Gender:                      Female:                      Male:

Member Federation:

Date of Birth  
(DD/MM/YYYY):

Already classified in  
another sport?                      Yes:                      No:                      If yes, which sport(s):

## 2. MEDICAL INFORMATION

To be eligible for Para-Rowing, an Athlete must have an impairment that is the direct result of an Underlying Health Condition which has resulted in a **permanent and verifiable activity limitation**.

**2a. Please explain the Athlete’s Underlying Health Condition (UHC)/ Diagnosis:**

**Mandatory completion of athlete’s ICD Code(s): (every cited UHC must have one ICD)**

ICD-9 Code(s): \_\_\_\_\_, ICD-10 Code(s): \_\_\_\_\_

or ICD-11 Code(s): \_\_\_\_\_

Date of Onset of Health Condition: \_\_\_\_\_

Year of onset: \_\_\_\_\_ (YYYY) or  Congenital (birth)

Medical condition is:  Permanent  Stable  Progressive  Fluctuating

Use this space to describe more than one UHC and its actual condition.

**2b. 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. (note: it is mandatory for every UHC cited above)

<b>Permanent and Verifiable Impairment</b>	<b>Examples of health condition (diagnosis) likely to cause such impairment</b>	<b>Mandatory Supporting Documentation</b> (must be uploaded to <a href="#">Classification Portal</a> )
<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
<input type="checkbox"/> Impaired Range of Movement	Arthrogyrosis, ankylosis, post burns, joint contractures	Goniometric measurements
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency.	Images like: photograph and/or x-ray of affected limb(s)
<input type="checkbox"/> Hypertonia	Cerebral palsy, stroke, brain injury, multiple sclerosis	Modified Ashworth scale
<input type="checkbox"/> Ataxia	Ataxia resulting from cerebral palsy, brain injury, Friedreich’s ataxia, multiple sclerosis, spinocerebellar ataxia.	Modified Ashworth scale
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury.	Modified Ashworth scale

I have provided the mandatory supporting documentation as detailed above.

World Rowing holds the right to request additional diagnostic evidence, including but not limited to:  
Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)

**2c. Summary of Medical History (Please include description of body part(s) affected and limitations); – note that just the UHC and its related medical history are the classification focus.**

**2d. Future Possible Medical Procedures related to presented impairment and health condition: - note that any possible change in UHC and the impairment must be declared.**

**2e. All current medications and treatments (medications: Prescribed and Over the Counter/ treatment like orthosis, prosthesis, electrotherapy...):**

**2f. Allergies:**

### 3. MEDICAL PRACTITIONER DECLARATION

I certify that the above-mentioned information is medically appropriate and that I am a registered or licensed Medical Physician.

**Name:**

**Medical Specialty:**

**Registration Number:**

**Address:**

**City:**

**Country:**

**Phone Number:**

**Email:**

**Signature:**

**Date:**

**It is the responsibility of the Athlete to submit a copy of this Medical Diagnostics Form and all relevant documentation to the appropriate Member Federation.**

**It is the responsibility of the Member Federation to upload this Medical Diagnostics Form and all relevant supporting documentation to the [World Rowing Online Classification Portal](#), no later than 60 days prior to the Evaluation Session.**