

MEDICAL DIAGNOSTICS FORM FOR INDOOR ADAPTIVE ROWING CATEGORISATION

To be assigned a World Rowing Indoor Adaptive Rowing Categorisation, this form must be completed in full. **All fields must be completed, in English.** Without this properly completed form, athletes may not be eligible to compete.

For athletes with physical or intellectual impairments, the form must be completed and signed by a registered or licensed medical physician (MD, DO).

For athletes with visual impairments, the form must be completed and signed by a registered or licensed ophthalmologist or optometrist.

Once completed, please complete the [Indoor Adaptive Rowing Categorisation Request Form](#).

You will be required to upload this completed Medical Diagnostics Form and Mandatory Supporting Documentation to the online form.

World Rowing holds the right to request further information and may require a virtual consultation and observation on a rowing machine prior to competition. If requested, the athlete would not be able to compete at any World Rowing Indoor Rowing event, until such time as the requested information is provided.

1. ATHLETE INFORMATION

Family Name:	
Given Name:	
Gender:	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Date of Birth (DD/MM/YYYY):	
Email:	

2. MEDICAL INFORMATION

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

2a. Impairments

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

Verifiable Impairment	Examples of health condition (diagnosis) likely to cause such impairment	Mandatory Supporting Documentation (must be included with this form)
PHYSICAL IMPAIRMENT		
<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	Arthrogyriposis, ankylosis, post burns, joint contractures	Goniometric measurements
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency.	Photograph or x-ray of affected limb
<input type="checkbox"/> Hypertonia, Ataxia, Athetosis	Cerebral palsy, stroke, brain injury, multiple sclerosis, Friedreich's ataxia, spinocerebellar ataxia.	Modified Ashworth scale
<input type="checkbox"/> Pain-based impairment (Non-eligible World Rowing Para impairments)	CRPS, Arthritis, Herniated Disc	N/A
<input type="checkbox"/> Non-eligible World Rowing Para impairment	FND, EDS, psychological impairments, chronic health conditions, chronic fatigue syndrome	N/A
INTELLECTUAL IMPAIRMENT		
<input type="checkbox"/> Intellectual Impairment	Autism, Low IQ, Down's Syndrome	IQ test result
VISUAL IMPAIRMENT		
<input type="checkbox"/> Visual Impairment	Visual acuity of less than or equal to 6/60 in both eyes with best corrected vision, and/or visual field radius is less than 40 degrees in both eyes with best corrected vision.	Visual Acuity or Visual Field Test

I have provided the mandatory supporting documentation as detailed above.

3. PHYSICAL AND INTELLECTUAL IMPAIRMENTS

For athletes with Physical and Intellectual Impairments, the below information must be completed by a licenced medical physician.

3a. Please explain the Athlete's Underlying Health Condition (Diagnosis) that leads to the above impairment:

3b. Mandatory completion of athlete's ICD 10 Code(s):

ICD-10 Code(s): _____

Date of Onset of Health Condition: _____

Congenital (birth)

Medical condition is:

Permanent Stable Progressive Fluctuating Improving

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, specialist report)

3c. Summary of Medical History (Please include description of body part(s) affected and limitations), including how the health condition (diagnosis) causes the impairment (coordination, weakness, loss of range of motion, etc.), including which joints/muscles are involved:

3d. 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:

4. VISUAL IMPAIRMENTS

For athletes with visual impairments, this part of the form must be completed by an ophthalmologist or optometrist.

4a. Eyesight Condition:

4b. Prognosis: Permanent Stable Deteriorating Variable
 Other (please specify):

4c. Visual Acuity and Visual Field:

	Right eye (without correction)	Left eye (without correction)	Right eye (with correction)	Left eye (with correction)
Visual Acuity				
Visual Field				

4d. Ophthalmologist/Optometrist Declaration

I certify that the above-mentioned information is correct and that I am a registered or licensed ophthalmologist or optometrist.

Name:

Qualifications:

Registration Number:

Address:

City:

Country:

Phone Number:

Email:

Signature:

Date: