



PROVISIONAL CLASSIFICATION ATHLETES WITH A PHYSICAL IMPAIRMENT

This form is to be completed for ATHLETES WITH A PHYSICAL IMPAIRMENT seeking a Paralympics New Zealand (PNZ) classification for sport. On returning this form to PNZ a Provisional sport specific class will be allocated to the athlete. A provisional class is valid for 12 months or earlier if a National classification is allocated.

PLEASE NOTE FOR SECONDARY SCHOOL STUDENTS

A provisional classification is valid for the length of time the athlete is at secondary school or earlier if a national classification is allocated.

All provisional classifications are to be submitted to: classification@paralympics.org.nz

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- **Sections 1, 4 and 5 must be completed by the athlete.**
 - **Sections 2 and 3 must be completed by a medical professional (doctor, nurse, or physiotherapist) or a PNZ approved assessor** (see page 4).
 - The assessor should ensure that the form is completed as fully as possible. If the form is not completed to a satisfactory level it will be returned to the sender.
 - The contents of this form are confidential to PNZ.
 - Athletes with a **Visual Impairment** must complete a Visual Impairment Provisional Classification Form (available on the PNZ website).
 - Athletes with an **Intellectual Impairment** must complete the Intellectual Impairment Provisional Classification Form.
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SECTION 1 – ATHLETE DETAILS

Name: _____
Address: _____
Suburb: _____
City: _____ Postcode: _____
Phone (Hm): () _____ Phone (Wk): () _____
Fax: () _____ Mobile: () _____
Email: _____
Male Female Date of Birth _____

Which events do you consider that you will be attending in the next 12 months?

For NCEA Students or CCS Independence Games athletes only:

Name of school / CCS Branch _____
Contact person at school / CCS Branch _____
Phone: _____ Fax: _____
Email: _____

SECTION 2 – MEDICAL DEFINITION

Medical diagnosis of your disability: _____

Associated / Additional disability: *E.g. Spinal deformity, vision impairment etc.* _____

SECTION 3 – FUNCTIONAL ASSESSMENT

Please complete the information below by providing as much detail as possible, as this will enable the classifier to allocate a correct and fair classification to the athlete. Where possible please describe how the athlete is affected or the movements involved.

If extra space is needed please attach an additional sheet or documentation to support this classification.

Ability to walk	Yes / No	Crutches / Aids (please circle)
Wheelchair	Yes / No	Electric / Manual (please circle)

Ability to stand	Yes / No	Without support	Yes / No
		With support (weight bear)	Yes / No
Standing Height (Without prosthetics/ aids)	_____ cm		

Sitting Balance	Normal	Fair	Poor	None
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<u>Surgical Procedures</u>	<i>Please Tick</i> ✓	<i>Please note if you have had any surgery / operations</i>	<i>Date of surgery</i>	<i>Notes</i>
		Spinal fixation		
		Spinal rods		
		Tendon transfers		
		Tendon lengthening		
		Others		

<u>Functional Abilities</u>	<i>Please Tick</i> ✓		<i>Notes</i> (Please describe how the athlete is affected or the movements involved)
Affected limbs		Right arm	
		Left arm	
		Right leg	
		Left leg	
Manual Wheelchair		Can self propel	
		Need assistance occasionally (i.e. distance, ramps)	
		Use a wheelchair for distances only	
Standing balance		Can balance on left leg	
		Can balance on right leg	
		Can stand & balance on tip toes	

Dynamic balance		Can hop on left leg	
		Can hop on right leg	
Pushing (Wheelchair users only)		How many fingers grasp wheel rim when pushing?	
		Does the athlete follow through with arms when pushing?	
		Imagining the wheel is a clock face, how much of the wheel does the person use to push? i.e. from 12o'clock – 3o'clock ☺	
		Does the athlete use both arms symmetrically? (evenly)	
Trunk function		Can athlete sit without using a back support?	
		On a backless bench if possible (or sitting forward from backrest) Ask athlete to complete the following Forward Flexion Hands on shoulders, bending forward to put chest on knees and then return to sitting position. Describe movement Ask athlete to complete the following Lateral Rotation Hands on shoulders, bending left, return to centre, and then repeat to right. Describe movement	
Hand Function		Can athlete write holding a pen in hand?	
		Can athlete make 'OK' sign with thumb & index finger?	
		Can athlete hold a tennis ball in hand with firm grip?	
		When athlete is holding tennis ball firmly, can you remove the ball from their grasp?	
		Can athlete hold tennis ball with palm up & then turn hand over and hold tennis ball with palm down?	
		Can athlete throw tennis ball over arm?	
		Can athlete throw tennis ball underarm?	
		Can athlete throw with both arms?	



Additional Information (e.g. What activity limitation is the outcome of impairment from the health condition?.)

Assessors Details:

Signature: _____ Date: _____

Name: _____

Phone: _____ Fax: _____

Email: _____

Profession:	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>
	Physiotherapist	<input type="checkbox"/>	PNZ Classifier	<input type="checkbox"/>
	ParaFed Staff	<input type="checkbox"/>	Halberg SOA	<input type="checkbox"/>

SECTION 4 – DECLARATION

I declare the information submitted on this form to be a true and accurate reflection of my functional ability in relation to my sport as far as I am aware. I understand that failure to give accurate information may result in me being ineligible or receiving an incorrect classification.

I agree to undergo the classification process as administered by Paralympics New Zealand. I understand that I will receive a classification according to the information that I submit to Paralympics New Zealand on this test sheet. I understand that information from this classification test sheet will be held by Paralympics New Zealand and that Paralympics New Zealand will share this information with other Regional and National Bodies that are interested in the development of your sport. These will be National Sporting Organisations, ParaFeds, Special Olympics NZ and Halberg Trust. Please advise Paralympics New Zealand if there are any organisations that you do not wish to be notified.

Signature of Athlete
(or guardian if under 18)

Date



SECTION 5 – SPORTS

Please indicate which sports you require a classification for.

- | | | | |
|------------|--------------------------|-----------------------|--------------------------|
| Archery | <input type="checkbox"/> | Shooting | <input type="checkbox"/> |
| Athletics | <input type="checkbox"/> | Snowsports | <input type="checkbox"/> |
| Boccia | <input type="checkbox"/> | Swimming | <input type="checkbox"/> |
| Cycling | <input type="checkbox"/> | Table Tennis | <input type="checkbox"/> |
| Equestrian | <input type="checkbox"/> | Wheelchair Basketball | <input type="checkbox"/> |
| Lawn Bowls | <input type="checkbox"/> | Wheelchair Rugby | <input type="checkbox"/> |
| Sailing | <input type="checkbox"/> | Wheelchair Tennis | <input type="checkbox"/> |
| Other: | | | |

** Please note you may not be eligible for all sports*

**Please return this form to
Classification Coordinator, Paralympics New Zealand
Suite 2.10, Axis Building, 1 Cleveland Road, Parnell, Auckland 1052
Tel. (09) 526 0760
Email. classification@paralympics.org.nz
www.paralympics.org.nz**