

## Medical Diagnostic Form Athletes with Physical Impairment

Classification is integral to Para sport as it provides the structure for fair and equitable competition. Classification assessment determines if an athlete is eligible for Para sport and groups eligible athletes into Sport Classes based on the extent to which their impairment impacts their ability to execute the specific tasks and activities fundamental to the relevant sport.

To be eligible for Para athletics, an athlete must have an Underlying Health Condition (Medical Diagnosis) that results in one or more of the recognised permanent eligible impairment types. This impairment must also meet the Minimum Impairment Criteria for Para athletics.

For eligibility to be assessed, please ensure this form is completed in full and the requested medical information is provided. If eligibility is identified, a Provisional Sport Class will be allocated as an estimate of Para athletics eligibility and Sport Class.

A Provisional Sport Class will be valid until a National Classification evaluation is conducted in-person by an Athletics New Zealand Classification panel, or if there is a change in the athlete's health condition.

Please email completed form and medical information to [rebecca@athletics.org.nz](mailto:rebecca@athletics.org.nz)

**Please complete the form electronically**

**Athlete Information** (to be completed by **the Athlete**)

<b>Family Name:</b>	
<b>Given Name/s:</b>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b> <div style="text-align: right;">(dd/mm/yyyy)</div>
<b>Address:</b>	<b>Email:</b>  <b>Phone:</b>

**Medical Information** (to be completed by a **registered Medical Doctor**)

<b>Athlete's Health Condition (Medical Diagnosis):</b>	
<b>Description of body part/s affected and limitations to activity:</b>	
<b>Primary Impairment/s arising from the Health Condition (Medical Diagnosis):</b> <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Athetosis <input type="checkbox"/> Short stature (height: ____ cm) <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Hypertonia	
<b>Health condition is:</b> <div style="text-align: right;"> <input type="checkbox"/> Permanent                      <input type="checkbox"/> Stable                      <input type="checkbox"/> Progressive                      <input type="checkbox"/> Fluctuating         </div>	
<b>Health condition is:</b> <div style="text-align: right;"> <input type="checkbox"/> Acquired                      <input type="checkbox"/> Congenital (birth)              Year of onset:         </div>	
<b>Diagnostic Evidence to be attached:</b>  Evidence to support the above Health Condition <b>MUST</b> be attached for <b>ALL</b> athletes:  <input type="checkbox"/> Medical Diagnostic Report and Physical Examination Results (for example: ASIA scale for Athletes with Spinal Cord Injury; Manual Muscle Power Test Score for Athletes with impaired muscle power; Goniometry for Athletes with impaired range of movement; Ashworth Scale for Athletes with hypertonia; X-rays for Athletes with dysmelia; photo for Athletes with amputation)  <input type="checkbox"/> Report(s) from additional diagnostic testing, where appropriate (for example, EMG, MRI, CT, X-ray)	
<b>Treatment History:</b>     	
<b>Regular Medication – (List dosage and reason):</b>     	

<b>Presence of additional Health Conditions (Medical Diagnoses):</b> <input type="checkbox"/> Vision impairment <input type="checkbox"/> Impaired respiratory function <input type="checkbox"/> Joint Hypermobility/ instability <input type="checkbox"/> Intellectual impairment <input type="checkbox"/> Impaired metabolic functions <input type="checkbox"/> Impaired muscle endurance <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Impaired cardiovascular functions      (e.g., Chronic fatigue) <input type="checkbox"/> Psychological diagnoses <input type="checkbox"/> Pain <input type="checkbox"/> Other: _____ <b>Describe:</b>		
<b><u>Medical Declaration</u></b> (to be completed by a <b>registered Medical Doctor</b> )  <input type="checkbox"/> I confirm that the above information is accurate  <b>Doctors Name:</b>		
<b>Medical Specialty:</b>	<b>Registration Number:</b>	
<b>Address:</b>		
<b>City:</b>	<b>Country:</b>	
<b>Phone:</b>	<b>Email:</b>	
<b>Signature:</b>	<b>Date:</b>	

**Athlete Information** (to be completed by **the Athlete**)

Are you able to walk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use crutches or a mobility aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Are you a full-time wheelchair user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years involved in the sport	
Do you train with a coach?	
Number of training sessions per week	
Number of competitions in the past 12 months	
Do you compete: ➤ Seated (field events from a throwing frame or track from a racing wheelchair) ➤ Standing	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes

Please note that all Para athletics athletes with a lower limb impairment have the choice to compete seated or standing. An athlete does not need to be a daily wheelchair user to compete seated.

**Athlete Declaration**

I declare the information submitted on this form to be a true and accurate reflection of my sporting history.

I understand that failure to give accurate information may result in me receiving an incorrect Sports Class.

I understand that I will receive a Provisional Para athletics Classification according to the information that I submit to Athletics New Zealand on this form. I understand that information from this classification form will be held by Athletics New Zealand who may share this information with other Regional, National and International organisations that are involved in my sport development.

I agree to having my photo taken and/or a video taken to support information for Classification purposes.

\_\_\_\_\_  
Signature of Athlete  
(or guardian if under 18)

\_\_\_\_\_  
Date

For further information on Para athletics Classification contact:  
Rebecca Foulsham, Athletics New Zealand Classification Coordinator  
[rebecca@athletics.org.nz](mailto:rebecca@athletics.org.nz) +64 21 0223 7776

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