

Medical Diagnostics Form for ALL Athletes with Physical Impairments

To be eligible for ISA Para Surfing, an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment.

Instructions for Athletes*:

1. Download this Medical Diagnostic Form and have your Medical Doctor fill it out in English.
2. Be sure your doctor provides evidence of your physical impairment (X-ray, EMG, ASIA, etc.).
3. Completed forms by your doctor AND the diagnostic evidence of your physical impairment must be uploaded to the athlete's profile when registering the athlete into the ISA Para Surfing Database.

*This requirement applies for all athletes with physical impairment competing in ISA Para Surfing. The athlete will not be able to undergo classification until the requested information is provided.

Athlete Information (to be completed by the National Federation)

Family name:			
Given name:			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth: (dd/mm/yyyy)
National Federation:		Para Surfing ID:	
<input type="checkbox"/> The athlete's Sport Class Status is New <input type="checkbox"/> The athlete's Sport Class Status is Review			

Medical Information (to be completed in English by a registered Medical Doctor, M.D.)

Athlete's Medical Diagnosis (Health Condition):			
Include description of body part/s affected and limitations:			
Primary Impairment/s arising from the Medical Diagnosis (Health Condition):			
<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Limb Deficiency	<input type="checkbox"/> Hypertonia	
<input type="checkbox"/> Impaired Passive Range of Motion	<input type="checkbox"/> Leg Length Difference	<input type="checkbox"/> Ataxia	
	<input type="checkbox"/> Short Stature	<input type="checkbox"/> Athetosis	
Medical condition is:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset:	(yyyy)	<input type="checkbox"/> Congenital (birth)	

Diagnostic Evidence (to be attached)

Evidence to support the above diagnosis MUST be attached in English for ALL athletes. Athletes may not be classified without evidence to support the medical diagnosis.

- Medical Diagnostic Report and Physical Examination results:
- | | |
|---|---|
| <input type="checkbox"/> Medical Report | <input type="checkbox"/> Photo for Athletes with amputation |
| <input type="checkbox"/> ASIA scale | <input type="checkbox"/> X-rays for Athletes with dysmelia |
| <input type="checkbox"/> EMG | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> CT | <input type="checkbox"/> X-ray |
- Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)

Para Surfing holds the right to request additional diagnostic evidence including, but not limited to, EMG, MRI, CT, X-ray.

Treatment History:

Regular Medication – List dosage and reason:

Presence of additional medical conditions/diagnoses:

- | | | |
|--|--|---|
| <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: _____ | | |

Describe:

I confirm that the above information is accurate

Doctors Name:

Medical Specialty:

Registration Number:

Address:

City:

Country:

Phone:

E-mail:

Signature:

Date: