



PARA SPORT CLASSIFICATION FORM

- This form has to be completed in English by the International Classifier.
- The completed form must be transferred to IBSF via safe data transfer link. Paper form destroyed.

Name, surname, country _____

Date _____

Years/months competing in the sport at national level: _____

- Medical Diagnostic Form attached (required)
- Athlete's Functional Evaluation Form attached (required)
- Additional required documentation attached (optional)

Minimal disability eligibility:

Minimal disability criteria	Description of athlete's functional impairment	Eligible or not eligible	Equipment adaptations
Impaired Muscle Power (one of the 6 primary criteria)			<input type="checkbox"/> 5 cm back support <input type="checkbox"/> 10 cm back support <input type="checkbox"/> seat belt <input type="checkbox"/> legs straps <input type="checkbox"/> cushion
Limb Deficiency (Unilateral or bilateral; transtibial, transfemoral)			<input type="checkbox"/> seat belt <input type="checkbox"/> legs straps
Leg Length Difference (one leg must be at least 7 cm shorter than the other leg)			
Impaired Passive Range of Movement (ankyloses of foot, ankle or knee)			<input type="checkbox"/> seat belt <input type="checkbox"/> legs straps

- Athlete doesn't exceed Maximum Criteria
 {Athlete **PASSES ALL** 3 'Maximum criteria' tests}

Eligible for:

- Para Bobsleigh (PB) - R (_ / _ / _); - FRD (_ / _ / _)
- Para Bobsleigh Push (PBP) - R (_ / _ / _); - FRD (_ / _ / _)
- Para Skeleton (PS) - R (_ / _ / _); - FRD (_ / _ / _)
- Not completed
- Not Eligible

- I confirm that the above information is accurate.**

Name of International Classifier 1: _____

Signature: _____

Date: _____

- I confirm that the above information is accurate.**

Name of International Classifier 2: _____

Signature: _____

Date: _____

Athlete informed of decision: _____

(name, surname, date, signature)