

Medical Diagnostic Form for athletes who are participating in IBSF Para-sport events.

- This form needs to be completed in English by the athlete and athlete's individual physician.
- The completed form must be sent to national level classifier for verification at least six weeks before the athlete undergoes athlete evaluation.
- The athlete's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the Classification Panel.
- Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.
- The International Bobsleigh & Skeleton Federation and Classification Panel can ask for further information to be submitted depending on the individual athlete's health condition and impairment.

Full name: _____

Country: _____

Address: _____

Date of birth :(dd.mm.yyyy.) _____ Female Male

Height: _____

Weight: _____

Phone number: _____

Email: _____

Date: _____

Please check the type of physical disability that the athlete has:

complete spinal cord injury: list spinal level of injury: _____

incomplete spinal cord injury: list spinal level of injury: _____

lower limb deficiency: list side(s) and level of limb deficiency: _____

upper limb deficiency: list side(s) and level of limb deficiency: _____

cerebral palsy

Other: _____

Description of the Athlete's medical diagnosis and the loss of function this health condition results in:

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Health condition is: progressive stable fluctuating

Health condition is: acquired congenital

Full name: _____

Date: _____

A+	B+	AB+	O+	A-	B-	AB-	O-

Blood type:

Allergies: No known allergies

Allergies

1. _____ Reaction: _____

2. _____ Reaction: _____

GLASSES: Yes No

CONTACT LENSES: Yes No

Medication(s) currently used:

Attachments

- The athlete's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the Classification Panel.
- Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.
- The International Bobsleigh & Skeleton Federation and Classification Panel can ask for further information to be submitted depending on the individual athlete's health condition and impairment.
- Additional medical documentation must be in English (or translated into English by a certified translation agency)

Therefore, additional, recent and relevant medical documentation has to be attached to this form in if the athlete has:

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of an ankle, knee, (Xrays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed);
- one of the coordination related impairments in lower body - ataxia, athetosis or hypertonia (Modified Ashworth Scale scores to be enclosed).

Additional required documentation as it relates to specific impairments is as follows:

- Multiple Sclerosis – brain and spine MRI and lab results confirming MS diagnosis, documentation must be less than six (6) months old;
- Spinal cord injury – Medical report that states the date of injury, mechanism of injury, ASIA score, extent of fixation (if applicable) and any subsequent relevant surgeries that have impacted eligibility criteria;
- Dysmelia in lower extremities – radiograph of limb(s) affected;
- Amputation – report from surgical procedure or documentation noting congenital deformity, radiograph of the residual limb(s);
- Neurological impairments (cerebral palsy, spina bifida or similar) – documentation from medical specialist including discussion of condition, surgeries, all medications used and recent or planned treatments.

Athletes and NPCs/ NFs are advised to observe the Eligible Impairments defined in each Sport's classification rules, as not all of the impairments mentioned above are considered Eligible Impairments in all sports.

<p><input type="checkbox"/> I confirm that the above information is accurate.</p> <p>Name: _____</p> <p>Health care profession: _____</p> <p>Registration Authority and Number: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Country: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Date: _____</p> <p>Signature: _____</p>
<p><input type="checkbox"/> I certify that the above-mentioned information is correct. My data will be used to obtain the information for IBSF and will not be disclosed to third person.</p> <p>Date: _____</p> <p>Signature of Athlete _____</p>