



Medical Diagnostics Form

!!! PLEASE NOTE: PROCESS TO SUBMIT DATA SECURELY !!!

Prior to providing the completed file, please contact classification@ibsf.org and request a safe data transfer link where you will be able to upload the form and possible attachments in a safe and encrypted way. Please do not send the form via e-mail directly!

Data must be uploaded at least 10 days before classification. For athletes with R status the completed form must be uploaded for verification at least six weeks before classification.

- This form has to be completed in English by the athlete and athlete's individual physician.
- 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.
- 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.
- This form has to be provided to athlete's individual physician together with introductory article.

Introductory article

Introductory article is prepared for athletes, doctors, therapists, etc. to explain the environment in which athlete is exposed to activity.

Para Bobsleigh & Skeleton is a high-risk sport where athlete is exposed to various external factors:

- G force - depending on the track, it may reach 5G affecting the circulatory system. Increased gravitational pressure accelerates heartbeat. If the body is not trained and accustomed to the load, as the first signal begins with a visual field loss as well as visual acuity and contrast can remain fainter. Subjected to these forces for a longer period of time, can lead to unconsciousness. (1)
- Coldness – athlete during training and competition can be affected by cold weather. The distal part of the body temperature fell to -3.7 degrees on the upper limbs, as well as -11.8 and more degrees in lower body limbs. (2)
- Moisture – snow or ice may get on the clothes and on surfaces of equipment, It can moisturize clothing and can contribute to skin disadvantage
- Speed - athletes reach speed up to 130 km/h.
- Vibration - vibration while piloting sled remain within normal limits. (3)
- Risk of pressure ulcers – Athletes with Spinal Cord injury have to use cushions during sliding.
- Risk of injury - any inattention or lack of concentration can lead to injuries. Protective pads are one of the ways to protect body from bruises, abrasion or fracture. (2)

If the athlete is not prepared for high intensity physical load, it can lead to injuries. Each athlete should consult with doctor about the external impact of environmental factors on health, as well as the consequences that may arise.

1 - McKenzie I., Heart rate and blood pressure variability in subjects exposed to stimulated increases in gravity. *Experimental Physiology*. 1993, 825-834.

2 - Bernadskis F., *Health-enhancing surveillance system development for athletes in Para Bobsleigh and Para Skeleton*, 2014, 41-51.

3 - *Overview of vibration test results. Survey made in 11.-12. of March, 2015.*



Medical Diagnostics Form

Full name: _____

Country: _____

Address: _____

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

Height: _____

Weight: _____

Phone number: _____

Email: _____

Date: _____

Please check the type of physical impairment:

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: _____

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

Past surgical procedures (attach additional page if necessary):

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____

Blood type:

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

- Allergies:** No known allergies
 Allergies
- 1. _____ Reaction: _____
 - 2. _____ Reaction: _____

Glasses: Yes No

Contact Lenses: Yes No

Medication(s) currently used:

I'm informed about Therapeutic Use Exemptions (TUE) Form
http://www.ibsf.org/images/documents/downloads/Medical/IBSF_TUE_application_cl.pdf

Attachments

- Additional medical documentation must be in English (or translated into English by a certified translation agency)
- 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.
- Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.
- The IBSF and Classification Panel can ask for further information to be submitted depending on the individual athlete's health condition and impairment.

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

- an impairment or diagnosis that can not 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);
- 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 NF's are advised to observe the Eligible Impairments defined in classification rules, as not all of the impairments mentioned above are considered Eligible Impairments.

I confirm that the above information is accurate.

Name: _____

Health care profession: _____

Registration Authority and Number: _____

Address: _____

City: _____

Country: _____

Phone: _____

E-mail: _____

Date: _____

Signature: _____

I certify that the above mentioned information is correct;

I agree that my data will be used for Classification if such Classification Data is considered necessary to conduct Classification. Classification Data will be deleted in 2 years from the end of Fixed Review Date and in 1 year if data submitted but Sport Class not allocated;

I agree that my data will be used in research purposes after IBSF Ethics Committee approval;

Date: _____

Signature of Athlete _____