



IBSF PARA SPORT CLASSIFICATION FORM

- This form has to be completed in English by the International Classifier.
- The completed form must be transferred to Head of Classifier.

Name, surname, country _____

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

Minimal disability eligibility:

Minimal Impairment criteria	Description of athlete's functional impairment		Eligible or not eligible
Impaired Muscle Power (one of the 6 primary criteria) <i>(tick the boxes if athlete has muscle power grade 2 or less)</i>	Left leg <input type="checkbox"/> - #1 (Hip F) <input type="checkbox"/> - #2 (Hip E) <input type="checkbox"/> - #3 (Hip ABD) <input type="checkbox"/> - #4 (Hip ADD) <input type="checkbox"/> - #5 (Knee E) <input type="checkbox"/> - #6 (Ankle PF)	Right leg <input type="checkbox"/> - #1 (Hip F) <input type="checkbox"/> - #2 (Hip E) <input type="checkbox"/> - #3 (Hip ABD) <input type="checkbox"/> - #4 (Hip ADD) <input type="checkbox"/> - #5 (Knee E) <input type="checkbox"/> - #6 (Ankle PF)	
Limb Deficiency (Unilateral or bilateral; transtibial, transfemoral)	Left leg <input type="checkbox"/> below knee <input type="checkbox"/> through / above knee	Right leg <input type="checkbox"/> below knee <input type="checkbox"/> through / above knee	
Leg Length Difference (one leg must be at least 7 cm shorter than the other leg)	Left leg <input type="checkbox"/> ___ cm	Right leg <input type="checkbox"/> ___ cm	
Impaired Passive Range of Movement (one of the 5 criteria) <i>(tick the boxes if athlete reach the joint angle)</i>	Left leg <input type="checkbox"/> - #1 ($\geq 60^\circ$) <input type="checkbox"/> - #2 ($\geq 40^\circ$) <input type="checkbox"/> - #3 ($\geq 75^\circ$) <input type="checkbox"/> - #4 ($\geq 35^\circ$) <input type="checkbox"/> - #5 ($> 25^\circ$)	Right leg <input type="checkbox"/> - #1 ($\geq 60^\circ$) <input type="checkbox"/> - #2 ($\geq 40^\circ$) <input type="checkbox"/> - #3 ($\geq 75^\circ$) <input type="checkbox"/> - #4 ($\geq 35^\circ$) <input type="checkbox"/> - #5 ($> 25^\circ$)	

	Test 1 (Forward lean)	Test 2 (Backward lean)	Test 3 (Rotation)	Test 4 (Lateral tilt)	Test 5 (Object transfer)	Total score
Score						

(0 – no function, 1 – poor function, 2 – fair function, 3 – normal function)

Maximum Impairment Criteria (Athlete must PASS ALL 3 'Maximum criteria' tests)

- Test 1: Athlete is able to pull the braking device with force more than 60 kg 5 seconds.
- Test 2: Athlete is able to get in (1 minute) and out (1 minute) of the sled without assistance.
- Test 3: Athlete is able to take safe body position in the sled after rollover.

The Athlete is Eligible for:

- Para Bobsleigh (PB) - Review (DD/MM/YYYY); - Fixed review date (DD/MM/YYYY)
 5 cm back support; 10 cm back support; seat belt; legs straps; cushion
- Para Bobsleigh Push (PBP) - Review (DD/MM/YYYY); - Fixed review date (DD/MM/YYYY)
- Para Skeleton (PS) - Review (DD/MM/YYYY); - Fixed review date (DD/MM/YYYY)
- Not completed
- Not Eligible (NE)

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)