



Medical Diagnostic Form Athletes with Physical Impairment

Classification is integral to Para sport as it provides the structure for fair and equitable competition.

Classification assessment measures impairment severity and activity limitation and places a Para athlete into a Para sport competition category so they can compete against other Para athletes with a similar Activity Limitation resulting from Impairment.

To be eligible for Para sport, a disabled athlete must have an Underlying Health Condition, (Medical Diagnosis), that results in one or more of the 10 recognised permanent Eligible Impairment types. For further information on Classification go to [Classification in Para Sport](#)

Eligibility can be identified, and a Provisional (or temporary) Sport Class allocated, upon the receipt of this completed Medical Diagnostic Form and requested Medical Information. Additional Medical Information may be requested by a sport to establish Eligibility. An athlete will not be able to undergo classification until the requested Medical Information is provided.

A Provisional Sport Class will be valid for two years, or until a National Classification Evaluation is conducted by a Classification Panel, or if there is a change in Health Condition. **For Secondary School Sport**, a Provisional Classification is valid for the time the athlete is at secondary school, or earlier, if they receive a National Sports Class or there is a change in Health Condition.

Please email completed form and medical information to donna@badminton.org.nz

Please complete the form electronically

Athlete Information (to be completed by **the Athlete**)

Family Name:	
Given Name/s:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: _____ (dd/mm/yyyy)
Address:	Email: Phone:

Medical Information (to be completed by a **registered Medical Doctor**)

Athlete's Health Condition (Medical Diagnosis):	
Description of body part/s affected and limitations to activity:	
Primary Impairment/s arising from the Health Condition (Medical Diagnosis): <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Short stature (height: ___ cm)	
Health condition is: <input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating	
Health condition is: <input type="checkbox"/> Acquired <input type="checkbox"/> Congenital (birth) Year of onset:	
Diagnostic Evidence to be attached: Evidence to support the above Health Condition MUST be attached for ALL athletes: <input type="checkbox"/> Medical Diagnostic Report and Physical Examination Results (for example: ASIA scale for Athletes with Spinal Cord Injury; Manual Muscle Power Test Score for Athletes with impaired muscle power; Range of Movement Score for Athletes with impaired range of movement; Ashworth Scale for Athletes with a neurological impairment; X-rays for Athletes with dysmelia; photo for Athletes with amputation) <input type="checkbox"/> Report(s) from additional diagnostic testing, where appropriate (for example, EMG, MRI, CT,	
Treatment History:	
Regular Medication – (List dosage and reason):	

Presence of additional Health Conditions (Medical 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:	
<u>Medical Declaration</u> (to be completed by a registered Medical Doctor) <input type="checkbox"/> I confirm that the above information is accurate Doctors Name:	
Medical Specialty:	Registration Number:
Address:	
City:	Country:
Phone:	Email:
Signature:	Date:

Athlete Information (to be completed by **the Athlete**)

What sport/s do you require a provisional classification in? Question – is it best to list all the sports for athletes to choose?

Are you able to walk? yes no

Do you use crutches or a mobility aid? yes no Type:

Are you a full-time wheelchair user? yes no

Number of years involved in the sport:

Do you train with a coach?

Number of training sessions a week:

Number of competitions in the last 12 months:

Do you compete?

Seated (wheelchair user)

Standing (ambulant)

Athlete Declaration

I declare the information submitted on this form to be a true and accurate reflection of my sporting history.

I understand that failure to give accurate information may result in me receiving an incorrect Sports Class.

I understand that I will receive a Provisional Classification according to the information that I submit to Paralympics New Zealand on this form. I understand that information from this classification form will be held by Paralympics New Zealand (PNZ) who may share this information with other Regional, National and International organisations that are involved in my sport development.

I agree to having my photo taken and/or a video taken to support information for Classification purposes.

Signature of Athlete
(or guardian if under 18)

Date

For further information on Classification contact:
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