

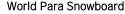
Medical Diagnostic Form for ALL Athletes with Physical Impairment

To be eligible for World Para Snowboard an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (article 7 in the Para Sport Classification Rules and Regulations). The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed forms and relevant Medical Diagnostic Information must be uploaded to the athlete's SDMS profile upon registration of the athlete to the SDMS. World Para Snowboard holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until such time as the requested information is provided.

Please fill in the form electronically.

Athlete Information (to be	completed by the N	PC)			
Family name:					
Given name/s:					
Gender:	☐ Male	Date of Birth	า:	(dd/mm/yyyy)	
NPC:		SDMS ID:			
Medical Information — to be completed in English by a registered Medical Doctor, M.D.					
Athlete's Medical Diagnosis (Health Condition):					
Include description of body part/s affected and limitations:					
Primary Impairment/s arising from the Medical Diagnosis (Health Condition):					
☐ Impaired muscle power ☐ Ataxia ☐ Athet ☐ Hyper		☐ Leg length difference☐ Limb deficiency/loss			
Medical condition is:	□ Permanent	■ Stable	□ Progressive	☐ Fluctuating	



Year of onset:

Adenauerallee 212-214 53113 Bonn, Germany www.WorldParaSnowboard.org Tel. +49 228 2097-200 Fax +49 228 2097-209 WorldParaSnowboard@paralympic.org

(yyyy)



Congenital (birth)



D' '' E' !						
Diagnostic Evidence to be attached: Evidence to support the above diagnosis MUST be attached in English for ALL athletes:						
☐ Medical Diagnostic Report and Physical E	_					
with Spinal Cord Injury, Modified Ashworth S						
with dysmelia, photo for Athletes with amputation)						
	,					
World Para Snowboard holds the right to reques	t additional diagnostic ev	idence as per article 7.5 and				
7.6 in World Para Snowboard Classification Rules and Regulations, including but not limited to:						
☐ Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)						
Treatment History:						
Regular Medication – List dosage and reason:						
Presence of additional medical conditions/diagnoses:						
·	☐ Impaired respiratory function ☐ ☐ Joint Hypermobility/ instability					
☐ Intellectual impairment ☐ Impaired metal		☐ Impaired muscle endurance				
	ovascular functions	(e.g., Chronic fatigue)				
3 3	□ Pain □ Other:					
Describe:						
☐ I confirm that the above information is accurate						
T commit that the above information is accurate						
Doctors Name:						
Medical Specialty:		Registration Number:				
Address:						
City	Country					
City:	Country:					
Phone:	E-mail:					
THORIO.	- man					
Signature:	Date:					
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