



**MEDICAL DIAGNOSTICS FORM FOR ATHLETES
WITH PHYSICAL IMPAIRMENT**

THE FORM IS TO BE COMPLETED IN ENGLISH BY THE ATHLETE'S INDIVIDUAL PHYSICIAN.

All medical documentation required in Section 4. must be attached at the end of this form and uploaded on the IFSC results system together with the Licence request.

Please fill out the form legibly and in capital letters. Incomplete Applications will be returned and will need to be re-submitted. Athletes cannot receive a valid Licence until this Medical Form is properly completed and submitted.

1. ATHLETE INFORMATION

Last Name: _____

First Name: _____

Gender: Female Male Date of Birth (dd/mm/yyyy): _____

NPC/NF: _____ Country: _____

Sport: _____

2. ELIGIBLE IMPAIRMENT TYPE

Please select all the Eligible Impairment type(s) applying to the Athlete. Refer to the [IFSC Classification Rules](#) for full details.

- 1. Impaired Muscle Power
- 2. Impaired Passive Range of Movement
- 3. Limb Deficiency
- 4. Leg Length Difference
- 5. Short Stature (height: _____ cm)
- 6. Hypertonia
- 7. Ataxia
- 8. Athetosis

Physical Impairments other than the eight (8) Eligible Impairment types listed above are considered Not Eligible Impairments.



3. MEDICAL INFORMATION

3.1. DIAGNOSIS: Description of the Athlete’s medical diagnosis and the loss of function this health condition results in:

HEALTH CONDITION IS: FLUCTUATING STABLE PERMANENT PROGRESSIVE

3.2. MEDICAL HISTORY

IMPAIRMENT IS: ACQUIRED CONGENITAL

If acquired, year of onset: _____

Anticipated future procedure(s): _____

3.3. MEDICATIONS



4. ATTACHMENTS TO THE MEDICAL DIAGNOSTICS FORM

The athlete’s health condition as stated in 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, as stipulated in the IFSC Classification Rules.

Therefore, **additional medical documentation in English language and no older than 12 months must be attached** to this form if the athlete has:

Table with 2 columns: IMPAIRMENT and DOCUMENTS NEEDED. Rows include conditions like 'An impairment or diagnosis that cannot be ascertained by clear signs and symptoms' and 'Limb deficiency (amputation or dysmelia) at the level of ankle, knee, wrist, or elbow joint'.

IMPORTANT

If it is not possible to provide the above-mentioned documentation associated with the impairment described, please enclose a letter from a registered health professional stating that it was medically inappropriate to complete this assessment.

Reports on additional testing by physicians, physiotherapists and other health professionals are welcome, where relevant, to complement the medical diagnostic information.

The IFSC and the Classification Panel may ask for further information to be submitted depending on the individual athlete’s health condition and impairment.

5. PHYSICIAN DECLARATION

Form containing two checkboxes for medical certification, followed by fields for Name, Medical Specialty, Registration Number, Address, City, Country, Tel., E-mail, Signature of Physician, and Date.