**WT Medical Diagnostics Form**

**for athletes with physical impairment**

The form is to be completed in English by the athlete’s individual physician or physio therapist.

The completed form must be submitted no later than six (6) weeks before the athlete undergoes athlete evaluation. This applies to all athletes with physical impairment competing in WTF. Depending on the athlete’s health condition and impairment, additional medical information is to be attached to this form (see page 2).

**Athlete Information**

|  |  |
| --- | --- |
| Last name: |  |
| First name: |  |
| MNA |  |
| Gender: | ❑ Female ❑ Male  | Date of Birth: |  |
| Dicipline: |  | WTF License: |  |
| Years/months competing in the sport at national level: |  |

**Medical Information**

**Impairment**

❑ Impaired muscle Power ❑ impaired range of motion ❑ Limb Deficiency

❑ Hypertonia ❑ Athetosis ❑ Ataxia

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

|  |
| --- |
|  |
| Health condition is:  | ❑progressive | ❑ stable |

Medical history:

|  |  |  |
| --- | --- | --- |
| Health condition is: | ❑ acquired  | ❑ congenital |
| If acquired, age of onset: |  |
| Anticipated future procedure(s): |  |

Medication:

|  |
| --- |
|  |

**Attachments**

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. Otherwise no sport class can be allocated by the classification panel, as stipulated in the WT Athlete Classification rules.

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

* an impairment or diagnosis that cannot 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, wrist or elbow joint (X-rays for the respective joints to be enclosed);
* a spinal cord injury (recent ASIA scale results to be enclosed);
* one of the coordination related impairments ataxia, athetosis or hypertonia (Australian Spasticity Assessment Scale (ASAS) scores to be enclosed).

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

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

*\*Athletes and MNAs are advised to observe the Eligible Impairments defined in WT Athlete Classification Rules, as not all of the impairments above are considered Eligible Impairments in Kyrogi or Poomsae.*

|  |
| --- |
| **❑ I confirm that the above information is accurate.** |
| Name: |  |
| Health care profession: |  |
| Registration Authority and Number: |  |
| Address: |  |
| City: |  | Country: |  |
| Phone: |  | E-mail: |  |
| Date: |  | Signature: |  |

The Medical Diagnostic Form with attachments is to be submitted to the WT:

WT Para Taekwondo Department classification@wtf.org