MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

* This form is used to report an athlete’s physical impairment in accordance with British Rowing Classification Regulations for Para-Rowing.
* It must be completed in full and signed by a registered or licensed physician.
* The completed form with any attachments must be submitted by email to: [simon.goodey@britishrowing.org](mailto:simon.goodey@britishrowing.org)

Please complete this form by printing legibly in upper case.

In order to properly classify athletes, all required forms must be completed in full, in advance of classification and be submitted with any required or useful test results.

**ATHLETE INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name: |  | | | | |
| First Name: |  | | | | |
| Gender: | Female ❑ Male ❑ | | Date of Birth (dd/mm/yyyy): | |  |
| Address: |  | | | | |
| City/County: |  | Post Code: | |  | |
| E-mail Address: |  |  | |  | |
| Telephone Contact: |  | | | | |
| Club/School/University |  | | | | |

1. **MEDICAL INFORMATION**

Taking into consideration that to be eligible for Para-Rowing, an Athlete must have an impairment that is the direct result of a health condition which has resulted in a **permanent and verifiable activity limitation**:

Health Condition (Diagnosis) ICD-9 Code(s):\_\_\_\_\_\_\_\_\_\_ or ICD-10 Code(s):\_\_\_\_\_\_\_\_\_\_\_

**Date of Onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athlete’s Age at Onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Impairments**

Check the box/es below to indicate which impairment type/s the athlete has that lead/s to a permanent and verifiable activity limitation.

|  |  |  |
| --- | --- | --- |
| Permanent and Verifiable Impairment Type | Examples of health condition (diagnosis) likely to cause such impairment | Additional supporting tests/documentation that are mandatory (\*) or must be presented upon request |
| ❑ Impaired Muscle Power | Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb’s palsy, polio, spina bifida, Guillain-Barre syndrome | Manual muscle test results\* EMGs; nerve conduction velocity |
| ❑ Impaired Range of Movement | Arthrogryposis, ankylosis, post burns, joint contractures | Goniometric measurements\*; x-rays; |
| ❑ Limb deficiency | Amputation resulting from trauma or congenital limb deficiency | Photograph of affected limb\* |
| ❑ Hypertonia | Cerebral palsy, stroke, brain injury, multiple sclerosis | Manual muscle test results.  Coordination testing. |
| ❑ Ataxia | Ataxia resulting from cerebral palsy, brain injury, Friedreich’s ataxia, multiple sclerosis, spinocerebellar ataxia | Manual muscle test results.  Coordination testing. |
| ❑ Athetosis | Cerebral palsy, stroke, brain injury | Manual muscle test results.  Coordination testing. |
| ❑ Vision Impairment | Myopia, tunnel vision, scotoma, retinitis pigmentosa, glaucoma, congenital cataract, macular degeneration | Complete IBSA medical diagnostics form\*. (see link at www.worldrowing.com ) |

**Summary of Medical History**

**Future Possible Medical Procedures related to presented impairment:**

**Prescribed Medications.**

**Allergies:**

1. **PLEASE ATTACH ANY RELEVANT DIAGNOSTIC TESTS**
2. **MEDICAL PRACTITIONER DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **❑ I certify that the above-mentioned information is medically appropriate** | | | | |
| Name: |  | | | |
| Medical Speciality: | |  | | |
| Registration Number: | |  | | |
| Address: |  | | | |
| City: |  | | County: |  |
| Tel.: |  | | E-mail: |  |
| Signature of Medical Practitioner: | | |  | |
| Date: |  | |  |  |
|  |  | |  |  |

**It is the responsibility of the Athlete to submit a copy of this Medical Report Form and all relevant documentation to British Rowing.**