

## **CHESS MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH PHYSICAL IMPAIRMENT**

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All frames must be filled**.
- To be confirmed and certified **by a registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical documentation attached.

**Must be sent to** disabledasia@gmail.com

- **6 weeks prior** to first classification day.
- **At Classification athlete must show the original of the MDF send and other medical documents required.**

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

<b>Family name:</b>	
<b>Given name/s:</b>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b> (dd/mm/yyyy)
<b>NPC:</b>	<b>SDMS ID:</b>

### **Medical Information** – to be completed in **English** by a registered Medical Doctor, M.D.

<b>Athlete's Medical Diagnosis (Health Condition):</b>			
<b>Include description of body part/s affected and limitations:</b>			
<b>Primary Impairment/s arising from the Medical Diagnosis (HealthCondition):</b>			
<input type="checkbox"/> Impaired musclepower <input type="checkbox"/> Impairedpassiverangeofmotion	<input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia	<input type="checkbox"/> Leg lengthdifference <input type="checkbox"/> Limbdeficiency/loss <input type="checkbox"/> Shortstature(height: _____ cm)	
<b>Medical condition is:</b>	<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
<b>Year of onset:</b>	(yyyy)		<input type="checkbox"/> Congenital(birth)

**Diagnostic Evidence to be attached:**

Evidence to support the above diagnosis **MUST** be attached in **English** for **ALL** athletes:

- Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Modified Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

World Para Athletics holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in World Para Athletics 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:**

<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:**

I confirm that the above information is accurate

**Doctors Name:****Medical Specialty:****Registration Number:****Address:****City:****Country:****Phone:****E-mail:****Signature:****Date:****NOTES**

- This Medical Diagnostic Form (MDF) with all attachments required is to be sent to [disabledasia@gmail.com](mailto:disabledasia@gmail.com) only by the NF and 6 weeks prior to the first classification day.
- All documents of this MDF need to be upload.
- Only pdf. format is accepted. Other formats will be deleted.
- Name the files as: Country (3 capital letters) \_ Athlete ID number\_ Medical document (MDF; VF; ERG; VEP; OCT...) add r for report. Examples: GBR\_23456\_MDF.pdf / GBR\_23456\_VF.pdf
- Athletes without correct MDF will not be classified (and cannot compete).
- Documents not send to [disabledasia@gmail.com](mailto:disabledasia@gmail.com) before classifications are not valid.