



## National Medical Diagnostics Form

Dear Athlete:

This form is a guide to collect information needed for national classification evaluation. In order to be eligible to be scheduled for a national classification appointment the athlete **must** have an eligible impairment as per the IPC Classification Code, Chapter 2, Part 3 Eligible Impairments. For additional information on the Paralympic eligible impairments, visit the [IPC classification website](#). For a list of eligible impairments by sport, please visit the [USOPC Paralympic Classification website](#).

There are seven eligible impairments for Para Sport:

1. Impaired muscle power
2. Impaired passive range of movement
3. Limb deficiency and/or limb length difference
4. Short stature
5. Coordination impairments
6. Vision impairment
7. Intellectual impairment

Classification evaluation is usually done in conjunction with a competition and is conducted by a panel of medical and/or technical classifiers [panels are defined by each sport within their respective classification rules].

*Classification evaluation will usually include a physical assessment (may be called a “bench test”) and a technical assessment using competition equipment on the field of play. Evaluation may also include observation in competition depending upon the sport and relevant sport rules.*

If you are an athlete with a visual or intellectual impairment, you do not need to complete this form. Athletes with a vision impairment must submit the [visual medical diagnostics form](#) to the USOPC at [NPCUSAclassification@usopc.org](mailto:NPCUSAclassification@usopc.org). Forms must be submitted at least two weeks in advance of any Para sport competition where you expect to participate.

Athletes with an intellectual impairment should complete the application at [Athletes Without Limits](#) to obtain a national classification.

National classification appointments are reserved for U.S. citizens only. If you are a citizen of another country and you have never undergone classification evaluation you must first obtain proof of citizenship in the U.S. before you will be scheduled for classification evaluation by a U.S. national classification panel. If you have undergone classification evaluation in another country nationally or internationally [when international data is NOT included on the respective IF Masterlist] you must provide proof of sport class(es) and sport class status before the competition in the United States where you intend to compete.

Please send all completed forms to the USOPC at [NPCUSAclassification@usopc.org](mailto:NPCUSAclassification@usopc.org) at least two weeks prior to competition.

**Athlete Name:**

**Competition Gender:**

**Email Address: Athlete or Parent/Guardian**

**Date of Birth mm/dd/yyyy**

**List the Para sport(s) the athlete competes in:**

**Is the athlete a U.S. Citizen?**

**What is your current Classification Status**

- Never been Classified
- NR
- NN with fixed review date
- NP

**What competition does the athlete hope to be classified at:**

There are seven eligible impairments that the IPC recognizes for eligibility to compete in Paralympic sport. The International Standard for Eligible Impairments provides examples of underlying health conditions may fit into each impairment type. If you do not know which impairment group applies to you, please review the eligible impairments section within the [IPC Classification Code](#).

**Type of Impairment (select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Impaired Muscle Power                         | <input type="checkbox"/> Coordination Impairment (ataxia, athetosis & dyskinesia) |
| <input type="checkbox"/> Impaired Passive Range of Movement            | <input type="checkbox"/> Vision Impairment  |
| <input type="checkbox"/> Limb Deficiency and/or Limb Length Difference | <input type="checkbox"/> Intellectual Impairment                                  |
| <input type="checkbox"/> Short Stature                                 |   |

**What is the Athlete's Medical Diagnosis (Underlying Health Condition or Origin) causing the selected Impairment(s)?**

**Brief description of Athlete's Impairment including body parts affected areas and limitations.** Examples of information to include:

- Athletes with a spinal cord injury or spina bifida, please include at what level and if the SCI is complete or incomplete (i.e. SCI complete L7 or spina bifida L3-L4).
- Athletes with Cerebral Palsy, please include what type (i.e., Ataxia, Athetosis).
- Short stature please include your height.
- Athletes with surgeries specifically related to your impairment (i.e. tendon transfers, rods inserted/removed, etc.). Please list each surgery type including the date it was performed.

**Please answer the following questions:**

Is your impairment congenital or acquired?

- Congenital     Acquired

If acquired, please include the date:

Is your Impairment:

- Stable     Progressive     Fluctuating

Do you have a latex allergy?

- Yes  
 No

Do you have a shunt?

- Yes  
No

**Please attach relevant supporting medical documentation that confirms the athlete's medical diagnosis or details the degree of impairment.**

Please return completed forms to the USOPC at [NPCUSAclassification@usopc.org](mailto:NPCUSAclassification@usopc.org).  
If you have any questions about this form, please contact us via email.