



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 International Standard for Eligible Impairments. For additional information and to view the full IS for Eligible Impairments visit the [IPC Website](#). For a list of eligible impairments by sport please visit the [U.S. Paralympics website](#).

There are ten eligible impairments for Para Sport:

1. Impaired muscle power
2. Impaired passive range of movement
3. Limb deficiency
4. Leg length difference
5. Short stature
6. Hypertonia
7. Ataxia
8. Athetosis
9. Vision impairment
10. 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 classification@usatf.org. Forms must be submitted at least 2 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 classification@usatf.org or by fax at 719-866-2029 at least 2 weeks prior to competition.

Athlete Name:**Gender:****Email Address: Athlete or Parent/Guardian****Date of Birth mm/dd/yy****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

There are 10 eligible impairments that the IPC recognizes for eligibility to compete in Paralympic Sport. The International Standard for Eligible Impairments provides examples of what disability may fit into each impairment type. If you do not know which impairment type you are in please review the standard for eligible impairments on the [IPC Website](#).

Type of Impairment (select all that apply)

Impaired Muscle Power

Impaired Passive Range of Movement

Limb Deficiency

Leg Length Difference

Hypertonia

Ataxia

Athetosis

Vision Impairment

Short Stature

Intellectual Impairment

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, Hypertonia).
- 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 classification@usatf.org If you have any questions about this form please contact us via email or at 317-713-4695.