



USA Fencing National Medical Diagnostics Form (MDF)

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This form is a guide to collect information needed for national classification evaluation. In order to be eligible to participate in para fencing, the athlete **MUST** have an eligible impairment as per the [USA Fencing Athlete Handbook](#) and [World Para Fencing](#). For additional information and to view the full International Standard for Eligible Impairments visit the [IPC Website](#).

There are seven eligible impairments for Para fencing:

1. Impaired Muscle Power
2. Impaired Passive Range of Movement
3. Limb Deficiency
4. Limb Length Difference
5. Hypertonia
6. Ataxia
7. Athetosis

Classification evaluation is conducted by a panel of medical and/or technical classifier and is currently done through the review of medical documentation. Classification evaluation may also include video review.

The MDF form must be completed by the athlete, parent/guardian, or doctor familiar with the athlete's health condition(s). Completed form and supporting medical documentation must be submitted at least four weeks prior to competition.



Athlete Name:

Date of Birth (MM-DD-YYYY):

Gender:

USA Fencing Membership Number:

Handedness:

Number of Years Participating in Parafencing:

What is your current Classification Status?

Never been classified

National Review (NR)

There are seven eligible impairments recognized by World Para Fencing. The [MDF and Supporting Documentation Guide](#) provides examples of what disability may fit into each impairment type. Select all that apply.

Impaired Muscle Power

Impaired Passive Range of Movement

Limb Deficiency

Limb Length Difference

Hypertonia

Ataxia

Athetosis



What is the athlete's Medical Diagnosis (underlying health condition or origin) causing the selected impairment(s)?

Please provide a brief description of the athlete's impairments including body parts, affected areas, and limitations.

Example 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).

Athletes with Cerebral Palsy, please include what type (i.e. ataxia, athetosis, hypertonia)

Athletes with surgeries specifically related to your impairment (i.e. tendon transfers, rods inserted/removed, etc.) please list each surgery type including 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

Please make sure to attach relevant supporting medical documentation that confirms the athlete's medical diagnosis or details the degree of impairment when submitting. Attachments may also include video to show range of movement, gait, or balance.

If you have any questions about the form or the national classification process, please contact USA Fencing at paraclassification@usafencing.org.