



MEDICAL DIAGNOSIS FORM FOR ATHLETES WITH PHYSICAL DISABILITIES:

In order to be classified as an eligible athlete, it is necessary to complete this form together with the athlete's relevant medical information.

Should further information be required for a proper classification, the Federation reserves the right to request it. reserves the right to request it.

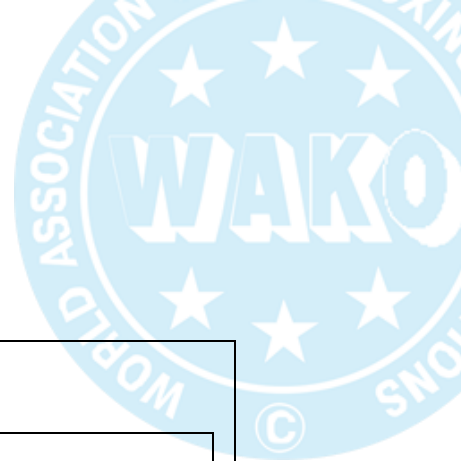
The form must be completed by a registered medical practitioner.

The Athlete will not be able to obtain a classification until all requested information has been provided.

Full name	
Gender: <input type="radio"/> Female <input type="radio"/> Male	Date of birth:
Federation	Federative licence number
Medical information (to be completed by a registered medical practitioner)	
Medical diagnosis (Health status)	
Description of affected body parts and limitation	

[Escriba aquí]





Primary Impairment resulting from Medical Diagnosis

	Muscle power deficiency
	Passive range of motion impairment
	Ataxia
	Atetosis
	Hypertonia
	Leg length deficiency
	Limb impairment
	Short stature (.....cm)

The Medical Condition is:

	Permanent
	Stable
	Progressive
	Fluctuating

Starting year:

	From birth (congenital) Date of
	Date of onset

Diagnostic evidence to be attached

- Medical diagnostic report and results of complementary physical examinations (e.g. ASIA scale for spinal cord injury, Modified Ashworth scale for cerebral palsy, X-ray for dysmelia, photo in case of amputation).

The Federation _____ belonging to WAKO (World Association of Kickboxing Organisations) reserves the right to request additional diagnostic information including but not limited to:

- Diagnostic reports, e.g. EMG, MRI, CT scan, X-rays

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Treatment history	
Usual medication (indicate dosage and reason)	
Presence of additional diagnoses or medical conditions: <ul style="list-style-type: none"><input type="radio"/> Intellectual disability<input type="radio"/> Visual impairment<input type="radio"/> Hearing impairment<input type="radio"/> Mental disorder<input type="radio"/> Impaired respiratory function<input type="radio"/> Alteration of metabolic functions<input type="radio"/> Alterations in cardiac functions<input type="radio"/> impaired muscular endurance (e.g. chronic fatigue)<input type="radio"/> Hypermobility/joint instability<input type="radio"/> Others:	
I confirm that the above information is true.	
Doctor's name	Doctor's registration number
Medical speciality	Address
City	Province
Telephone	Email
Date	Signature

[Escriba aquí]

