

## Medical Diagnostic Form for Athletes with a Physical Impairment

To be eligible for Para Nordic Skiing an Athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (article 7 in the FIS Para Nordic Skiing Classification Rules and Regulations). The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed forms and relevant Medical Diagnostic Information must be uploaded to the Athlete's profile upon registration of the Athlete to the FIS Para Snowsport Data Management System (FPDMS). FIS holds the right to request further information, if additional information is required. The Athlete will not be able to undergo classification, until such time as the requested information is provided.

Please fill in the form electronically.

### Athlete Information (to be completed by the NSA)

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

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

Athlete's Medical Diagnosis (Health Condition):	
Include description of body part/s affected and limitations:	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b> <input type="checkbox"/> Impaired Muscle Power <input type="checkbox"/> Ataxia <input type="checkbox"/> Leg Length Difference <input type="checkbox"/> Impaired Passive Range of Movement <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb Deficiency/Loss <input type="checkbox"/> Hypertonia	
Medical condition is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset:	(yyyy) <input type="checkbox"/> Congenital (birth)

**Diagnostic Evidence to be attached:**

A Medical Diagnostic Report from a Health Professional qualified to examine the above diagnosis, together with the supporting documents (examples below) **MUST** be attached in **English**.

Examples include (but are not limited to):

Eligible Impairment	Underlying Health Condition leading to Eligible Impairment	Documents to support the diagnosis
<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Post-polio syndrome <input type="checkbox"/> Spina bifida <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> Recent Muscle Strength Testing results (Oxford scale) <input type="checkbox"/> Electromyography (EMG) report <input type="checkbox"/> Magnetic Resonance Imaging (MRI) report <input type="checkbox"/> X-rays <input type="checkbox"/> Biopsy <input type="checkbox"/> Other _____
<input type="checkbox"/> Limb Deficiency (amputation)	<input type="checkbox"/> Absence of bones or joints as a consequence of trauma or illness <input type="checkbox"/> Congenital limb deficiency <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Other _____
<input type="checkbox"/> Leg Length Difference	<input type="checkbox"/> Dysmelia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Other _____
<input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis	<input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Stroke <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical report <input type="checkbox"/> Spasticity Grading (Ashworth Scale) <input type="checkbox"/> Cerebral MRI/CT scan <input type="checkbox"/> Other _____
<input type="checkbox"/> Impaired Passive Range of Movement	<input type="checkbox"/> Arthrogyrosis <input type="checkbox"/> Joint contracture <input type="checkbox"/> Trauma affecting a joint <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Goniometric measures <input type="checkbox"/> Other _____

FIS holds the right to request additional diagnostic evidence, as per article 7.5 and 7.6 in the FIS Para Nordic Skiing Classification Rules and Regulations, if FIS at its sole discretion considers the Medical Diagnostic Form and/or the Diagnostic Information to be incomplete or inconsistent.

<b>Treatment History:</b>			
<b>Regular Medication – List dosage and reason:</b>			
<p><b>Presence of additional medical conditions/diagnoses:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Vision impairment  <input type="checkbox"/> Intellectual impairment  <input type="checkbox"/> Hearing impairment  <input type="checkbox"/> Psychological diagnoses         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Impaired respiratory function  <input type="checkbox"/> Impaired metabolic functions  <input type="checkbox"/> Impaired cardiovascular functions  <input type="checkbox"/> Pain         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Joint Hypermobility/instability  <input type="checkbox"/> Impaired muscle endurance (e.g., Chronic fatigue)  <input type="checkbox"/> Other: _____         </td> </tr> </table> <p><b>Describe:</b></p>	<input type="checkbox"/> Vision impairment <input type="checkbox"/> Intellectual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Psychological diagnoses	<input type="checkbox"/> Impaired respiratory function <input type="checkbox"/> Impaired metabolic functions <input type="checkbox"/> Impaired cardiovascular functions <input type="checkbox"/> Pain	<input type="checkbox"/> Joint Hypermobility/instability <input type="checkbox"/> Impaired muscle endurance (e.g., Chronic fatigue) <input type="checkbox"/> Other: _____
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<input type="checkbox"/> I confirm that the above information is accurate	
<b>Doctors Name:</b>	
<b>Medical Specialty:</b>	<b>Registration Number:</b>
<b>Address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Phone:</b>	<b>E-mail:</b>
<b>Signature:</b>	<b>Date:</b>