



Medical Diagnostics Form for World ParaVolley Athletes

This form applies for all New athletes, and for Review athletes with a condition that is progressive or fluctuating.

To be eligible for World ParaVolley an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (Article 7 in the World ParaVolley Classification Rules and Regulations). The measurement of impairment seen during athlete evaluation must correspond to the diagnosis indicated below.

The form must be completed in English by a registered medical doctor (M.D.). The completed form with additional relevant medical diagnostic documentation must be uploaded to the athlete's PVSAS profile upon registration of the athlete to the PVSAS **no later than 3 months before of the event the athlete plans to participate**. WPV 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 NPC/NF)

Family Name:			
Given Name(s):			
Gender:	Female	Male	Date of Birth: <small>dd/mm/yyyy</small>
NPC/NF:		PVSAS ID:	

Medical history (to be completed **typed**, in English by a registered Medical Doctor, M.D.)

Athlete's Medical Diagnosis (Health Condition):				
Include description of body parts affected and limitations:				
Primary Impairment/s arising from the Medical Diagnosis (Health Condition):				
Limb Deficiency/loss		Leg length Difference		
Impaired muscle power		Ataxia		Athetosis
Impaired passive range of motion		Hypertonia		
Medical condition is:	Permanent	Stable	Progressive	Fluctuating
Year of onset:		(yyyy)		Congenital (birth)

□

Diagnostic Evidence to be attached:

Evidence to support the above diagnosis MUST be attached typed, in English for ALL athletes:

Medical Diagnostic Report and Physical Examination results (for example X-rays for Athletes with dysmelia, photo for Athletes with amputation, Ashworth Scale for Athletes with Cerebral Palsy, EMG/Nerve Conduction studies for Athletes with peripheral nerve injury), photo and measurements for Athletes with leg length difference, X-rays or CT Scan for Athletes with Impaired passive range of motion from a trauma/disease).

WPV holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in WPV Classification rules and Regulations, including but not limited to:

Report(s) from additional diagnostic testing (for example, EMG, MRI, CT Scan) and recommends they be provided if available.

Treatment History:

Anticipated Future Treatments:

Regular Medication – List dosage and reason:

Presence of additional medical conditions/diagnosis:

Vision impairment	Impaired respiratory function	Joint Hypermobility/instability
Impaired metabolic functions	Impaired muscle endurance (e.g. Chronic fatigue)	
Hearing impairment	Impaired cardiovascular functions	
Psychological diagnoses	Pain	Other: _____

I confirm that the above information is accurate.

Doctors Name:

Medical Specialty:

Registration Number:

Address:

City:

Country:

Phone:

E-mail:

Signature:

Date:

PLEASE CHECK THIS LIST TO ENSURE INFORMATION IS COMPLETE:

All athlete identification fields are completed and correct	
Medical diagnosis field has been completed with side of impairment (right/left) listed, level of amputation (if applicable), and other details.	
An eligible impairment field (or fields) has been identified correctly	
All additional documents that support the eligible impairment have been attached with this form to be uploaded to PVSAS	
The identification and contact fields for the physician identification area are fully completed	
The form is signed by the physician	