

Application Form: BC4 Gloves

To be completed by the NPC

Athlete Name & Family Name:			
NPC:			
Sport Class:			
Date of Application:			

[\(Click here to add a photo of the glove\) / Add a photo of device jpg/PDF format](#)

Give a short description of the glove:

What is the purpose of the glove?:

Which upper limb does the athlete use for throwing?

LEFT RIGHT BOTH

Is the glove / splinth on the throwing arm of the athlete?

YES NO

To be completed by Classification Committee Member / Chief Classifier

If the answer is YES to ANY of the questions 1 - 4 , the device is NOT allowed:

1. Does the glove or splinth restricts movement at the wrist? YES NO
2. Does the glove or splinth support the wrist in extension? YES NO
3. Can the athlete keep the ball in his hand, without the glove/splinth? YES NO
4. Can the ball be grasped with the tenodesis effect, without the glove / splint, and thrown into the FOP? YES NO

If ALL the answers to Question 1 - 4 is NO , the glove/splinth is allowed

Glove/Splinth Approved?:

YES NO INCONCLUSIVE

Reasoning why it is approved or not approved:

YES NO

A Technical assessment was done with and without the glove?

Classifier reviewing the Application:

Name & Family Name:

Role:

Medical Technical

Date:

Signature: