

Medical Diagnostic Form for Boccia Athletes

To be eligible for Boccia, an athlete must have an underlying medical diagnosis (Health Condition), that results in a Permanent Eligible Impairment. (Appendix 1 BisFed Classification Rules 5th Edition) The measurement of impairment, conducted during the classification process, must correspond to the athlete's medical diagnosis (Health Condition)

The athlete named below, is required to undergo Boccia Classification to be able to compete at International level. During the classification process, the approved Classifier (physiotherapist or medical doctor), will assess their Physical Impairment, as relevant to the requirements for playing Boccia. To assist the classification assessment process, a confirmation of their medical diagnosis (Health Condition) is required.

Athlete Information: (to be completed by the athlete & NPC)

Family Name:			
Given Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: (dd/mm/yyyy)	
NPC:			
I hereby consent to the information being released to World Boccia, for the purpose of classification.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature:			
Date: (dd/mm/yyyy)			
Medical Information: - This section needs to be completed by a Medical Doctor ONLY, in ENGLISH .			
Athlete's Medical Diagnosis (Health Condition):			
Which body part(s) are affected or have limitations?	<input type="checkbox"/> Upper Limb Right	<input type="checkbox"/> Upper Limb Left	<input type="checkbox"/> Trunk
	<input type="checkbox"/> Lower Limb Right	<input type="checkbox"/> Lower Limb Left	<input type="checkbox"/> Neck
	<input type="checkbox"/> Right hand	<input type="checkbox"/> Left hand	
Does any of the following impairments, arise from the athlete's Health Condition?:	<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Motor Ataxia	
	<input type="checkbox"/> Dyskinesia (athetosis, dystonia, chorea)	<input type="checkbox"/> Hypertonia / Spasticity	
	<input type="checkbox"/> Impaired Passive Range of Movement	<input type="checkbox"/> Limb Deficiency	
Medical Condition is:	<input type="checkbox"/> Cogenital	<input type="checkbox"/> Aquired	Date of onset: (yyyy) <input type="text"/>
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Fluctuating <input type="checkbox"/> Progressive

Test results to support the above mentioned Medical Diagnosis (Health Condition), after examination: (e.g. ASAS, SARA, Daniels & Worthingham etc.)

Additional Test results to support the Medical Diagnosis (Health Condition) e.g. MRI, CT scan, Muscle Biopsy, nerve conduction etc.

Regular Prescribed Medication List, taken by the athlete: (List dosage and reason for taking):

Presence of any additional medical conditions:

Epilepsy Diabetes Heart Disease Impaired Respiratory Function

Intellectual Impairment Hearing Impairment Visual Impairment Pain

Other

Describe:

I confirm that the above information is accurate and correct

Medical Doctor's Name & Family Name:

Medical Speciality:

Registration Number:	Country:
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Address:

Email address:

Signature:	Date:
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