

# Medical Diagnostic Form for Boccia Athletes

**To be eligible for Boccia, an athlete must have at least one medically and/or clinically diagnosed Underlying Health Condition, based on a review of the Diagnostic Information provided, that may result in a permanent Eligible Impairment, catered for in Boccia. The verification and measurement of the Eligible Impairment, conducted during the classification process, must correspond to the athlete's Underlying 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 Underlying Health Condition Assessor will examine this Form and the Classification Panel, will assess their (physical) Eligible Impairment and how it impacts their ability to execute the specific tasks and activities fundamental to Boccia. To assist the classification assessment process, a confirmation of their medical diagnosis (Underlying Health Condition) is required.

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

<b>Family Name:</b>			
<b>Given Name:</b>			
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth:</b> (dd/mm/yyyy)	
<b>NPC:</b>			
I hereby consent to the information being released to World Boccia, for the purpose of <u>classification</u> . <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Signature:</b>			
<b>Date:</b> (dd/mm/yyyy)			
<b>Medical Information:</b> - This section needs to be completed by a <b>Medical Doctor</b> ONLY, in <b>ENGLISH</b> .			
<b>Athlete's Medical Diagnosis (Health Condition):</b>			
<b>Which body part(s) are affected or have limitations?</b>	<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	
<b>Does any of the following impairments, arise from the athlete's Health Condition?:</b>	<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		
<b>Medical Condition is:</b>	<input type="checkbox"/> Congenital	<input type="checkbox"/> Aquired	<b>Date of onset: (yyyy)</b> <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):**

**Presense of any additional medical conditions:**

- ☐ Epilepsy      ☐ Diabetes      ☐ Heart Disease      ☐ Impaired Respiratory
- ☐ Intellectual Impairment      ☐ Hearing Impairment      ☐ Visual Impairment      ☐ Pain
- ☐ Other

Describe:

**I confirm that the above information is accurate and correct**

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**Medical Doctor's Name & Family Name:**

**Medical Speciality:**

**Registration Number:**

**Country:**

**Address:**

**Email address:**

**Signature:**

**Date:**