WRC MEDICAL DIAGNOSTIC INFORMATION FORM

World Wheelchair Rugby requires medical diagnostic information for every athlete in order to confirm that the athlete has a permanent, verifiable health condition that results in an eligible impairment as defined by the WWR. WWR has determined that eligible impairment types are:

- Impaired muscle power
- Limb deficiency
- Impaired passive range of movement
- Ataxia, athetosis and hypertonia

This form must be completed in English by a registered medical doctor (M.D.), with a specialisation in the athlete's health condition (where possible).

The completed form with attached medical documentation must be provided to WRC Head of Classification a minimum of 6 weeks prior to the athlete's first presentation at a WRC event licensed for Classification, where a WRC Classification Panel will be present.

The measurement of impairment seen during athlete evaluation MUST correspond to the diagnosis indicated on this form. If the medical documentation is incomplete, Wheelchair Rugby Canada reserves the right to request further information. In the absence of such information, the athlete will not be able to proceed with Athlete Evaluation.

ATHLETE INFORMATION:

Family name: (as shown on ID)			
First name: (as shown on ID)			
Gender:		**Date of Birth: (dd/mm/yyyy)**	
Country:			
☐ **New athlete being classified for the first time**		☐ **Athlete has an existing WRC/WWR sport class**	

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MEDICAL NFORMATION:

Note: The lists of medical diagnoses shown are examples and are not an exhaustive list.

Eligible Impairment (check)	Name of medical diagnosis relevant to the impairment type (tick or add)	Documents/evidence to support the diagnosis (tick or add)
☐ Impaired Muscle Power	☐ Spinal Cord Injury ☐ Charcot Marie Tooth (HSMN) ☐ Muscular Dystrophy ☐ Multiple Sclerosis ☐ Spina Bifida ☐ Other _____	☐ Medical Report ☐ ASIA Scale ☐ Electromyography ☐ MRI/CT Scan ☐ X-rays ☐ Biopsy ☐ Other _____
☐ Limb Deficiency	☐ Dysmelia ☐ Traumatic Amputation ☐ Other _____	☐ Medical report ☐ X-rays ☐ Photographs ☐ Other _____
☐ Impaired Passive Range of Movement	☐ Arthrogryposis ☐ Joint contractures ☐ Trauma ☐ Other _____	☐ Medical report ☐ X-rays ☐ Photographs ☐ Goniometric measures ☐ Other _____
☐ Ataxia ☐ Athetosis ☐ Hypertonia	☐ Cerebral palsy ☐ Traumatic Brain Injury ☐ Multiple Sclerosis ☐ Stroke ☐ Other _____	☐ Medical report ☐ Modified Ashworth Scale ☐ Cerebral MRI/CT scan ☐ Other _____

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MEDICAL HISTORY:

Athlete's condition is:	☐ **Stable**	☐ **Progressive**	☐ **Fluctuating**	☐ **Permanent**
Age of Onset:	(years)		☐ **Congenital**	
Past treatments:				
Current treatments:				
Anticipated future treatments:				

Additional details on medical diagnosis (if required):

Medications and reason for prescription:

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CERTIFICATION:

☐ I confirm that the information provided is accurate and has not been edited or altered in any way. **Name:**	
Medical Specialty:	
Registration Number:	
Address:	
City:	**Country:**
Phone:	**E-mail:**
Date:	**Signature:**