Medical Diagnostic Form for Athletes with a Physical Impairment

To be eligible for Para Alpine an Athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (article 7 in the FIS Para Alpine Classification Rules and Regulations). The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed forms and relevant Medical Diagnostic Information must be uploaded to the Athlete's profile upon registration of the Athlete to the FIS Para Snowsport Data Management System (FPDMS). FIS 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 NSA)

Family name:	
Given name/s:	
Gender: ❑ Female ❑ Male	**Date of Birth:** (dd/mm/yyyy)
NSA	**FPDMS ID:**

Medical Information – to be completed in **English** by a registered Medical Doctor, M.D.

Athlete's Medical Diagnosis (Health Condition):				
Include description of body part/s affected and limitations:				
Primary Impairment/s arising from the Medical Diagnosis (Health Condition):				
❑ Impaired Muscle Power ❑ Impaired Passive Range of Movement	❑ Ataxia ❑ Athetosis ❑ Hypertonia	❑ Leg Length Difference ❑ Limb Deficiency ❑ Short Stature (height:_____cm)		
Medical condition is:	❑ Permanent	❑ Stable	❑ Progressive	❑ Fluctuating
Year of onset: (yyyy)		❑ Congenital (birth)		

Diagnostic Evidence to be attached:
A Medical Diagnostic Report from a Health Professional qualified to examine the above diagnosis, together with the supporting documents (examples below) **MUST** be attached in **English.**

Examples include (but are not limited to):

Eligible Impairment	Underlying Health Condition leading to Eligible Impairment	Documents to support the diagnosis
❑ Impaired Muscle Power	❑ Spinal cord injury ❑ Muscular dystrophy ❑ Post-polio syndrome ❑ Spina bifida ❑ Other_____	❑ Medical Report ❑ Recent Muscle Strength Testing results (Oxford scale) ❑ Electromyography (EMG) report ❑ Magnetic Resonance Imaging (MRI) report ❑ X-rays ❑ Biopsy ❑ Other_____
❑ Limb Deficiency (amputation)	❑ Absence of bones or joints as a consequence of trauma or illness ❑ Congenital limb deficiency Other_____	❑ Medical report ❑ X-rays ❑ Photographs ❑ Other_____
❑ Leg Length Difference	❑ Dysmelia ❑ Trauma ❑ Other_____	❑ Medical report ❑ X-rays ❑ Photographs ❑ Other_____
❑ Hypertonia ❑ Ataxia ❑ Athetosis	❑ Cerebral palsy ❑ Traumatic brain injury ❑ Stroke ❑ Multiple sclerosis ❑ Other_____	❑ Medical report ❑ Spasticity Grading (Ashworth Scale) ❑ Cerebral MRI/CT scan ❑ Other_____
❑ Impaired Passive Range of Movement	❑ Arthrogryposis ❑ Joint contracture ❑ Trauma affecting a joint ❑ Other_____	❑ Medical report ❑ X-rays ❑ Photographs ❑ Goniometric measures ❑ Other_____
❑ Short Stature	❑ Achondroplasia ❑ Growth hormone dysfunction ❑ Osteogenesis imperfecta ❑ Other_____	❑ Medical report ❑ X-rays ❑ Other_____

FIS holds the right to request additional diagnostic evidence, as per article 7.5 and 7.6 in the FIS Para Alpine Classification Rules and Regulations, if FIS at its sole discretion considers the Medical Diagnostic Form and/or the Diagnostic Information to be incomplete or inconsistent.

Treatment History:
Regular Medication – List dosage and reason:
Presence of additional medical conditions/diagnoses: ❑ Vision impairment ❑ Intellectual impairment ❑ Hearing impairment ❑ Psychological diagnoses ❑ Impaired respiratory function ❑ Impaired metabolic functions ❑ Impaired cardiovascular functions ❑ Pain ❑ Joint Hypermobility/ instability ❑ Impaired muscle endurance (e.g., Chronic fatigue) ❑ Other: _____ **Describe:**

By signing this I confirm that the above information is accurate. **Doctors Name:**	
Medical Specialty:	
Registration Number:	
Address:	
City:	**Country:**
Phone:	**E-mail:**
Date:	**Signature:**