



Medical Diagnostics Form for Athletes with physical impairment

The form must be completed in English by a registered medical doctor (M.D.) with a specialization in the appropriate medical field dealing with the Athlete's Health Condition.

The completed form with attached medical documentation must be sent to Classification Secretary (ebarsai@ittf.com) immediately after the first entry of the tournament that the Athlete is attending. This applies for all athletes with physical impairment competing in Para Table Tennis. Depending on the athlete's health condition and impairment, additional medical information is to be attached to this form (see page 2).

Note

The measurement of impairment seen during athlete evaluation must correspond to the diagnosis indicated below. If the medical documentation is incomplete, ITTF-PTT holds the right to request further information. In absence of such information, the athlete will not be able to proceed with Athlete Evaluation.

Athlete Information

(to be prepopulated by the NPC or the NF)

Family name:			
Given name:			
Gender:	Female	Male	Date of Birth: (dd/mm/yyyy)
NPC/NF:		Athlete ID:	
<input type="checkbox"/> Athlete's Sport Class Status is New <input type="checkbox"/> Athlete's Sport Class Status is Review			



Medical Information

Note: The list of medical diagnoses shows examples and is not exhaustive.

Eligible Impairment (tick)	Name medical diagnosis relevant to impairment type (tick or add)	Documents to support the diagnosis (tick/add and please submit together with this form)
Impaired muscle power	Spinal Cord Injury Muscular Dystrophy Spina Bifida Polio Myelitis Multiple sclerosis Other_____	Medical Report ASIA scale Electromyography MRI X-rays Biopsy Other_____
Impaired passive range of motion	Arthrogryposis Joint Contractures Trauma Other_____	Medical Report X-rays Photographs Goniometric measures of joint limitations
Ataxia Athetosis Hypertonia	Cerebral Palsy Traumatic brain injury Multiple Sclerosis Stroke Other_____	Medical Report Modified Ashworth Scale Cerebral MRI or TC scan Other_____
Leg length difference	Trauma Dysmelia Other_____	Medical Report X-rays Photograph Other_____
Short stature	<input type="checkbox"/> Achondroplasia Osteogenesis Imperfecta Growth Hormone Dysfunction Other_____	Medical Report X-rays Photograph Other_____
Limb deficiency	Dysmelia Traumatic Amputation Bone Cancer Other_____	Medical Report X-rays Photographs Other_____



Medical history:

Athlete's condition	Stable	Progressive	Fluctuating	Permanent
Age of onset:	(yyyy)		Congenital	
Past treatments:				
Current treatments:				
Anticipated future treatments:				

Additional details on medical diagnosis (if needed):

Medications and reason for prescription:

I confirm that the above information is accurate and up to date.

Name:

Medical Specialty:

Registration
Number:

Address:

City:

Country:

Phone:

E-mail:

Date:

Signature: