Medical Diagnostic Form for ALL Athletes

To be eligible for Para Sailing an athlete must have an Underlying Health Condition (UHC) that results in a Permanent and Eligible Impairment (as per the International Paralympic Committee's list of Eligible Impairments).

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 Para Sailing Classification Hub application upon registration of the athlete to the system by their MNA.

World Sailing 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.

There is a guide for Athletes, MNAs, and medical practitioners on filling out this form on the World Sailing Website Classification page.

If possible, please fill out this form ELECTRONICALLY

Section 1: Athlete Information (To be Completed by the MNA or Athlete)

Family name: _____

Given name: _____

Date of Birth: _____

SailorID: _____

Nationality: _____

The remainder of this form is to be completed by a Medical Doctor (continued overleaf)

Section 2: Medical Information

Athlete's Medical Diagnosis (Health Condition):

1. Eligible Impairment (Click/Fill Box all Eligible Impairments that Apply)
   - ☐Impaired Muscle Power
   - ☐Impaired ROM
   - ☐Limb deficiency resulting from amputation or congenital condition
   - ☐Short stature
   - ☐Hypertonia
   - ☐Ataxia
   - ☐Athetosis
   - ☐Dyskinesia
   - ☐Leg Length Difference
   - ☐Visual Impairment
   - ☐Intellectual Impairment

2. Include a description of the body parts affected and limitations: (max. 500 characters):

3. Documents supporting diagnosis:
   a. Please attach relevant documentation to this Medical Diagnostics Form. This documentation includes but is not limited to x-rays, medical reports, ASIA scores, etc.)
   b. For **VISUAL Impairment**, please attach the following:
      a) Visual Field Test.
         1. The Athlete's visual field must be tested by full-field test (120 degrees) and a; 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.
         2. One of the following perimeters should be used for the assessment:
            a. Goldmann Perimetry (Intensity III/4),
            b. Humphrey Field Analyzer; or
            c. Octopus (Interzeag).

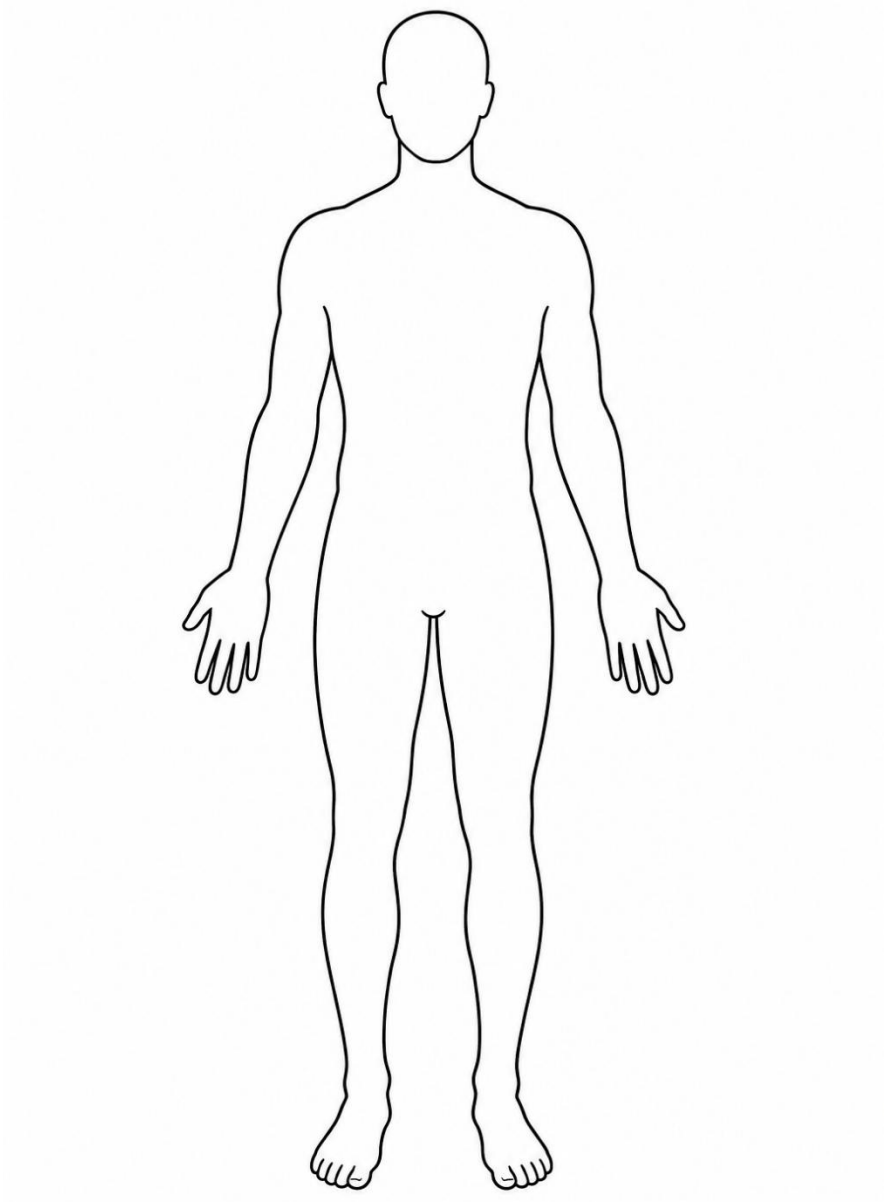
      b) For the following conditions, additional medical documentation is required:
         1. **Macular Disease:** Macular OCT, Multifocal and/or pattern ERG, VEP, Pattern appearance VEP
         2. **Peripheral retina disease:** Full field ERG, Pattern ERG

3. **Optic Nerve disease:** OCT, Pattern ERG, Pattern VEP, Pattern appearance VEP
4. **Cortical / Neurological disease:** Pattern VEP, Pattern ERG, Pattern appearance VEP.

c. For **INTELLECTUAL Impairment**, please attach the following:
   a) Psychological Evaluation.

4. <u>Schematic Body Diagram</u>
   a. Please circle the areas of the body on the diagram below where the Impairment has an effect.

NOTE: This is intended as a general guide, if this diagram is not relevant to the Athlete, please leave this section blank.



5. For **Visual Impairment ONLY:**

a.

Does the Athlete wear glasses?	**Yes:** ☐	**Correction:**	**Right:**
	No: ☐		**Left:**
Does the Athlete wear contact lenses?	**Yes:** ☐	**Correction:**	**Right:**
	No: ☐		**Left:**
Does the Athlete wear eye prosthesis?	**Yes:** ☐	**Orientation (Right or Left, or both?)**	**Right:** ☐
	No: ☐		**Left:** ☐

b. Visual Acuity

	Right Eye	Left Eye
With Correction		
Without Correction		

Type of correction: _____

Measurement Method: _____

c. Visual Field

	Right eye	Left eye
In degrees (diameter)		

Section 3: Medical History

1. The Athlete condition is:
   - ☐Stable
   - ☐Progressive
   - ☐Fluctuating
   - ☐Permanent
2. Age of onset: _____
   If the condition is Congenital, please mark it using the box below.
   - ☐Congenital
3. Past surgical treatments (max. 500 characters):

4. Anticipated future surgical treatments (max. 500 characters):

5. Current Medication Routine (including any Ocular drug allergies for VI athletes):

6. Intended Future Medication Routine:

Section 4: Physician Details:

Physician Declaration: ☐I confirm that the information contained within this MDF is accurate

Physician Details:

Name: _____

Medical Specialty: _____

Registration number (if applicable): _____

E-mail: _____

Telephone #: _____

Practice Details:

First Line of Address: _____

City: _____

Country: _____

Date: _____

Signature: _____