

# Medical Diagnostics Form for Athletes with Physical Impairment

The form is to be completed in English by the athlete’s individual physician. The completed form must be sent to [classification@uci.ch](mailto:classification@uci.ch) no later than four (4) weeks before the athlete undergoes athlete evaluation. This applies to all athletes with physical impairment competing in para-cycling. Depending on the athlete’s health condition and impairment, additional medical information is to be attached to this form (see page 2).

## ATHLETE INFORMATION

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Gender: Female  Male  Date of Birth: \_\_\_\_\_

NF: \_\_\_\_\_ UCI Code: \_\_\_\_\_

Years competing in the sport at national level: \_\_\_\_\_

## MEDICAL INFORMATION

IMPAIRMENT	
<input type="checkbox"/> Impaired Muscle Power <input type="checkbox"/> Impaired Passive Range of Movement <input type="checkbox"/> Limb Deficiency <input type="checkbox"/> Leg Length Difference <input type="checkbox"/> Athetosis <input type="checkbox"/> Ataxia <input type="checkbox"/> Hypertonia	
Description of the Athlete’s medical diagnosis <u>and</u> the loss of function. This health condition results in:	
Health condition is: <input type="checkbox"/> Progressive <input type="checkbox"/> Stable	
Health condition is: <input type="checkbox"/> Acquired <input type="checkbox"/> Congenital      If acquired, age of onset: _____	
Anticipated future procedure(s):	
Medication:	

## ATTACHMENTS

The athlete's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the classification panel, as stipulated in the UCI classification rules.

Therefore, additional, recent and relevant medical documentation has to be attached to this form if the athlete has:

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of an ankle, knee, wrist or elbow joint (X-rays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed);
- one of the coordination related impairments ataxia, athetosis or hypertonia (Modified Ashworth Scale scores to be enclosed).

Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

The UCI and the Classification Panel may ask for further information to be submitted depending on the individual athlete's health condition and impairment.

<input type="checkbox"/> <b>I confirm that the above information is accurate.</b>	
Name: _____	
Health care profession: _____	
Registration Authority and Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____

**This Medical Diagnostic Form with attachments is to be submitted to the UCI:**

UCI – Para-cycling	Chemin de la Mêlée 12 1860 Aigle Switzerland	E-mail: <a href="mailto:classification@uci.ch">classification@uci.ch</a>
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