



Medical Diagnostic 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 no later than 2 (two) weeks before the WAF Classification to WAF Classification Panel by e-mail: classification@waf-armwrestling.com and by post: Sofia Park Trading Zone, Building 16V, 1st floor, Office 1-2, 1166 Sofia, Bulgaria.

ATHLETE INFORMATION

First name	<input type="text"/>	Last name	<input type="text"/>
Birth date	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Personal number	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	Country:	<input type="text"/>
Phone:	<input type="text"/>	E-mail:	<input type="text"/>

MEDICAL INFORMATION

Description of athlete's medical diagnosis

Health condition	<input type="checkbox"/> progressive	<input type="checkbox"/> stable
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MEDICAL HISTORY

Health condition	<input type="checkbox"/> congenital	<input type="checkbox"/> acquired, year of onset _____
Duration of disability:	<input type="checkbox"/> for lifetime	<input type="checkbox"/> review date

Type of recommended medical recovery

<input type="checkbox"/> wheelchair	<input type="checkbox"/> Crutches	<input type="checkbox"/> others
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Mobility state

- Athlete is **ABLE** to stand alone without support.
- Athlete is **NOT ABLE** to stand alone without support.



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 armwrestling class can be allocated by the classification panel, as stipulated in the WAF Classification code.

Therefore, additional, recent and relevant medical documentation must be attached to this form in English language or with a certified English translation, including but not limited to medical reports, medical records and diagnostic information, which relate to the Athlete's Impairment.

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

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

I confirm that the above information is accurate.

Name: _____

Health care profession: _____

Registration Authority and Number: _____

Address:

City: _____

Country: _____

Phone: _____

E-mail: _____

Date: _____

Signature: _____