



## **MEDICAL FORM**

### **National and Provisional Classification**

#### **Explanation/Consent:**

For a rower to be eligible to compete in Rowing Australia (RA) national events, the rower must be classified under the RA Classification Guidelines. The classification process is conducted under the RA Para Rowing Classification Regulations, and follows the FISA Para-Rowing classification process. The classification process shall encompass the Assessment of Eligible Impairment; Assessment against Minimum Impairment Criteria; and the Allocation of Sport Class and Sport Class Status for people with a Physical Impairment.

Failure to cooperate with the Classifiers or failure to complete the classification procedure will lead to the assessment not being completed.

The Classification process will be conducted with all due care to limit any discomfort to individual rowers. However, failure to complete the classification process, regardless of pain and/or discomfort, will result in the rower not being classified and therefore not being eligible to compete in RA National events. The rower has the right to withdraw their consent at any time. However, any rower who withdraws their consent will not receive a classification and will not be eligible to compete in RA National events.

By signing this consent form the rower agrees to waive his/her rights to make any claim against the Classifiers, RA or anyone who might then claim against the Classifiers or RA, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to the classification procedure of the rower. The rower agrees to fully indemnify RA and the Classifiers should any claim be made against them in any way related to the classification of the rower.

The following is an agreement by the rower, and the rower's parent/legal guardian where appropriate; consenting that the rower agrees to fully participate in the RA identified eligibility criteria and classification procedure.

I understand that:

- National classification is for the purposes of Australian domestic competition only.
- International competition requires an International classification which supersedes any national classification. I will be required to provide new and/or additional medical documentation should I progress to international level.
- There is a risk of injury in participating in exercises and activities and I confirm that I am healthy enough to participate in the classification evaluation.
- Classification requires me to give my best effort at all times.
- Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
- Classifiers require sufficient medical documentation to complete my classification. It is my responsibility to familiarise myself with the RA Para Rowing Classification Regulations.
- Failure to give my best effort may be considered intentional misrepresentation, and I understand this may result in termination of the classification process.
- It is my responsibility to inform Rowing Australia if I am unable to attend classification.



I agree and consent to:

- Answer all questions fully, truthfully and to the best of my knowledge.
- National Classifiers will be present to provide direction and instructions and conduct classification assessments.
- Trainee classifiers may be present to observe classifications and may be directed by FISA International Classifiers and/or RA National Classifiers to assist in the classification assessment as part of their education and training.
- Attempt all activities to the best of my abilities, truthfully demonstrate my skills and the degree or nature of my impairment to a Classification Panel.
- Comply with the requests made by the classification panel. This includes providing sufficient medical documentation as to allow a classification panel to determine whether I comply with the eligibility requirements as outlined in the classification rules for my sport.
- Disclose to the panel all medication or medical devices/implants and whether they have been taken as prescribed or used prior to classification commencing.
- My classification data, including medical documentation may be shared with third parties for purposes of classification only.
- Inform my sport should my condition change following classification, if this change may impact upon my sport class.
- Be filmed and/or photographed during the classification process.
- My personal and classification data and supporting documentation being processed and stored in any format by Rowing Australia as required for classification purposes.
- As an outcome to my classification being completed:
  - My classification data will be stored in a confidential database.
  - Relevant information about my classification may be shared with third parties for purposes of classification (including by not limited to classifiers and APC and National Federation Classification personnel).
  - My name, state, date of birth, class and status will be made publicly available on the National Federation website.

I understand that, as an athlete, I have the following rights during classification:

### **The right to withdraw**

My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-Rowing competitions.

### **The right to respect and confidentiality**

Evaluations will be conducted respectfully and information obtained during the classification process will be treated confidentially.

### **The right to challenge a classification decision or process**

This should be done through the Rowing Australia process. Athletes may also refer to Rowing Australia Policy, Rowing Australia Regulations and Bye-Laws, APC Classification Policy and APC Standards for Athlete Evaluation and Protests & Appeals for further information.



### The right to access my classification data

I have the right to request a copy of the classification data held by Rowing Australia. I have the right to request correction or deletion of the classification data held. I understand that deletion of my classification data will mean I no longer have a recognized sport class.

I allow my data and any video recordings collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

<b>First Name</b>		<b>Surname</b>	
<b>Gender</b>		<b>Date of Birth</b>	
<b>Street Address</b>			
<b>City</b>		<b>State</b>	
<b>Postcode</b>		<b>Telephone Number</b>	
<b>Email</b>			
<b>Rowing Club</b>		<b>Current Coach</b>	
<b>Signature</b>			
<b>Witness Name</b>		<b>Witness Signature</b>	
<b>Guardian Name</b> <i>If under 18 years of age</i>		<b>Guardian Signature</b> <i>If under 18 years of age</i>	



## MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

- This form is used to report an athlete's physical impairment in accordance with the Rowing Australia (RA) Para-Rowing Classification Regulations and By-Laws.
- This form will be reviewed by Rowing Australia National Medical and Technical Classifiers and/or FISA Medical Classifiers.
- The form must be completed in English and signed by a **registered medical physician**.

### Provisional Classification

- The Sport Class provided is a **guide only** and the athlete must be classified by a full RA National Classification Panel at an RA National Classification opportunity to be eligible to compete at National Events.
- There is a 14 day processing time frame from the date RA acknowledges receipt of the paperwork. Processing time may be longer if additional information is required.

### National Classification

- The completed form and any required additional information must be submitted by email to [gmarcks@rowingaustralia.com.au](mailto:gmarcks@rowingaustralia.com.au) **30 days** prior to the scheduled classification date.

## 1. ATHLETE INFORMATION

First Name		Surname	
Gender		Date of Birth	
Street Address			
City		State	
Postcode		Telephone Number	
Email			
Rowing Club			
Current Coach		Time Rowing	
Sport Class currently training in		Number of Competitions	



## 2. MEDICAL INFORMATION

To be eligible for Para-Rowing, an Athlete must have an impairment that is the direct result of a health condition which has resulted in a permanent and verifiable activity limitation.

<b>Health Condition (Diagnosis)</b>			
<b>Date on onset</b>		<b>Athletes age at onset</b>	

<b>Summary of Medical History</b>
<b>Outline future possible Medical procedures related to the Athlete's impairment</b>

## Impairments

Check the box/es below to indicate which impairment type/s the Athlete has that lead/s to a permanent and verifiable activity limitation.

Permanent and Verifiable Impairment Type	Examples of health conditions (diagnosis) likely to cause such impairment	Additional supporting tests/documentation that are <u>mandatory*</u> or must be present upon request
<input type="checkbox"/> Impaired Muscle Power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb's palsy, polio, spina bifida, Gullain-Barre syndrome	<b><u>Manual muscle test results*</u></b> , EMG's, MRI, nerve conduction velocity.
<input type="checkbox"/> Impaired Range of Movement	Arthrogyriposis, ankyloses, post burns, joint contractures	<b><u>Goniometric measurements (ROM)*</u></b> , x-rays
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency	<b><u>Photograph of affected limb*</u></b> , x-rays of affected limb/joint
<input type="checkbox"/> Hypertonia	Cerebral palsy, stroke, brain injury, multiple sclerosis	<b><u>Manual muscle test results*</u></b> MRI or CT Report, Coordination testing
<input type="checkbox"/> Ataxia	Cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	<b><u>Manual muscle test results*</u></b> , MRI or CT Report, Coordination testing
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury	<b><u>Manual muscle test results*</u></b> , MRI or CT Report, Coordination testing

Is the impairment:       Stable                       Fluctuating                       Progressive

### 3. ADDITIONAL DOCUMENTATION

Please ensure all additional mandatory supporting tests/documentation as outline in the table above are attached. Eg: X-rays, photograph, Goniometric Measurements or Manual Muscle tests.

**Please note:** In addition to the mandatory supporting information, you may be required to provide further information or diagnostic tests upon request.



#### 4. MEDICAL PRACTITIONER DECLARATION

I certify that the above information is medically appropriate (please tick)

<b>First Name</b>		<b>Surname</b>	
<b>Medical Speciality (if applicable)</b>		<b>Registration Number</b>	
<b>Medical Practice</b>			
<b>Street Address</b>			
<b>City</b>		<b>State</b>	
<b>Postcode</b>		<b>Telephone Number</b>	
<b>Email Address</b>			
<b>Date</b>		<b>Signature</b>	

