



PRINCIPAL PARTNERS



MAJOR PARTNER



MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT (National Classification)

- 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.
- The form must be completed in English and signed by a **registered medical physician**.
- The completed form and any required additional information must be submitted by email to thuntly@rowingaustralia.com.au **30 days prior** to the scheduled classification date.

In order to provide a National Classification, all required forms must be completed in full, prior to the classification session and be submitted with all supporting documentation. The deadline for submission is **30 days prior** to the date of classification session.

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.

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Health Condition (Diagnosis)

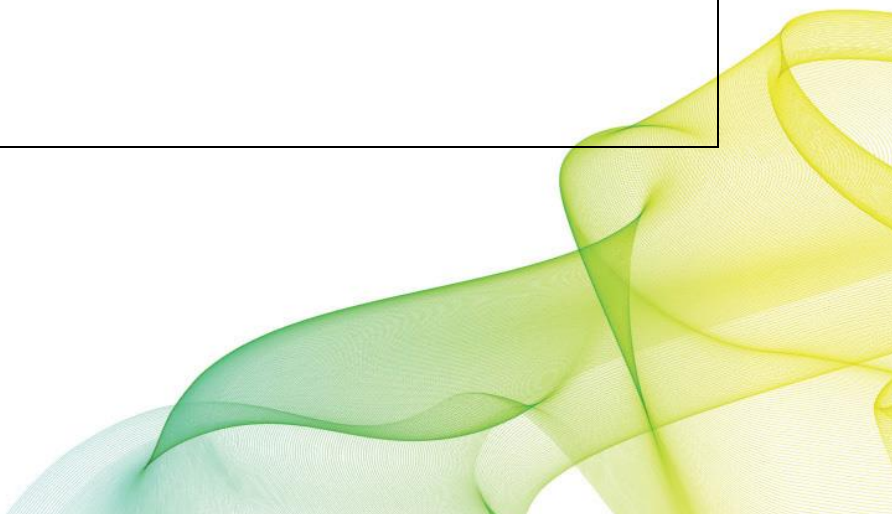
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Date of on onset		Athletes age at onset	
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Summary of Medical History

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Outline future possible Medical procedures related to the Athlete's impairment



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	Manual muscle test results* , EMG's, MRI, nerve conduction velocity.
<input type="checkbox"/> Impaired Range of Movement	Arthrogryposis, ankyloses, post burns, joint contractures	Goniometric measurements (ROM)* , x-rays
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency	Photograph of affected limb* , x-rays of affected limb/joint
<input type="checkbox"/> Hypertonia	Cerebral palsy, stroke, brain injury, multiple sclerosis	Manual muscle test results* MRI or CT Report, Coordination testing
<input type="checkbox"/> Ataxia	Cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	Manual muscle test results* , MRI or CT Report, Coordination testing
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury	Manual muscle test results* , MRI or CT Report, Coordination testing

Please note: Manual muscle test and Goniometric measurement forms can be found on the RA website on the Classification page.

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.



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**HANCOCK
PROSPECTING**

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4. MEDICAL PRACTITIONER DECLARATION

I certify that the above information is medically appropriate

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