



CLASSIFIER ASSESSMENT FORM

Para Rowing Classification - PROVISIONAL (Classifier's Use Only)

Athlete's Name				Date of Birth			
Rowing Club				Coach			
Time Rowing (able body and/or para)		# of Competitions (able body and/or para)		# of Events (able body and/or para)			

Required Information (please tick if received)

- ☐ RA Medical Form for Athletes with a Physical Impairment
- ☐ Goniometric Measurement Form
- ☐ Manual Muscle Test Form
- ☐ Additional supporting medical information requested by Rowing Australia.

Please provide details: _____

Impairment Information

<input type="checkbox"/> Amputee	<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Neurological	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Other
Provide further details on the impairment such as limb, date of impairment, type of impairment and any other relevant information.				

Please Circle Yes or No

Progressive: Yes / No	Seizure: Yes / No	Asthma: Yes / No
Ability to Walk: Yes / No	Crutches/Prosthesis: Yes / No	Wheelchair: Yes / No

Recommend Sport Class

<input type="checkbox"/> PR3 Boat Class Eligibility <input type="checkbox"/> PR3 Mix4+ <input type="checkbox"/> PR3 Mix2x (international only)	<input type="checkbox"/> PR2	<input type="checkbox"/> PR1	<input type="checkbox"/> Not Eligible
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Sport Class Status

<input type="checkbox"/> National Confirmed	<input type="checkbox"/> National Review Review Date or Event:	<input type="checkbox"/> National Provisional
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If Review Status, provide reasons

Medical Classifier		Technical Classifier		Athlete	
Name:		Name:		Name:	
Signature:		Signature:		Signature:	
Testing Place		Date		Time	
Time and date athlete was notified of outcome via email				Signature:	