

CLASSIFICATION

Request for Athlete Classification



| Athlete Personal Details | | | |
|--------------------------|--|----------|--|
| First Name: | | Surname: | |
| Date of Birth: | | Gender: | |

| Contact Details (Parent/Guardian Details if under 18) | | | |
|---|--|---------|--|
| Address: | | | |
| City: | | County: | |
| Phone: | | Email: | |
| Parent / Guardian Name: | | | |






| School Details (For Junior Athletes) | |
|--------------------------------------|--|
| Name of School: | |

| Medical Information | | | |
|---|--|-----------------|--|
| Diagnosis (You will be required to bring medical documentation with you to your classification session outlining your diagnosis): | | | |
| | | | |
| Date of Onset: | | Cause of Onset: | |
| Progressive: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Description of Impairment: | | | |
| | | | |
| Other Impairments: | | | |
| | | | |

| Sport Details | |
|---|--|
| Sport to be Classified In? | |
| How long involved in sport? | |
| Club: | |
| Coach: | |
| Number Training Sessions per Week: | |
| Length of Each Training Session: | |
| Number of Competitions in Last 12 Months: | |
| List other sports you would like to be classified in: | |
| | |

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.

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 hypertononia (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.

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

Please return this form to classification@paralympics.ie