Medical Diagnostic Form for Athletes with Physical Impairment

Eligibility for USAOCR National Championship requires Athletes to complete and comply with Medical Diagnostic Form for Athletes with Physical Impairment. USAOCR Para competition requires an athlete to have an underlying medical diagnosis (Health Condition) that results in a permanent and eligible impairment. The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed form and relevant Medical Diagnostic Information must be provided prior to competition. USAOCR holds the right to request further information. Athlete will not be able to undergo and confirm classification, until all necessary information is provided. If necessary, an additional sheet of paper can be used to complete the medical diagnosis, include the athlete's first name, last name, and date of birth.

First Name:	
Last Name:	
Gender: ❑ Female ❑ Male	**Date of Birth:** (dd/mm/yyyy)

Medical Information – to be completed by a registered Medical Doctor, M.D.

Athlete's Medical Diagnosis (Health Condition):

Primary Impairment/s arising from the Medical Diagnosis (Health Condition):

- ❑ Impaired muscle power
- ❑ Impaired passive range of motion
- ❑ Other _____
- ❑ Ataxia
- ❑ Athetosis
- ❑ Hypertonia
- ❑ Visual Impairment
- ❑ Leg length difference
- ❑ Limb deficiency/loss
- ❑ Short stature (height:_____cm)

I confirm that the above information is accurate.

Doctors Name:	
Medical Specialty:	
Address:	
City:	**Country:**
Phone:	**E-mail:**
Signature:	**Date:**