

**MEDICAL DIAGNOSTIC FORM  
FOR NEW WHEELCHAIR BASKETBALL PLAYERS**

This form must be completed in full by a Medical or paramedical person and sent to IWBF. The information gathered in this form is aimed to assess the eligibility of the impairment and facilitating player evaluation for the purpose of awarding a Sport Class and Sport Class Status.

**PLAYER INFORMATION:**

<b>Last Name:</b>					
<b>First Name:</b>					
<b>Date of birth (DD/MM/YYYY):</b>					
<b>Place of Birth:</b>					
<b>Nationality:</b>					
<b>Gender:</b>		<b>Male:</b>		<b>Female:</b>	
<b>Passport No.</b>		<b>Proposed Sport Class:</b>			

**PERMANENT HEALTH CONDITION & RESULTING IMPAIRMENT:**

**Health Condition / Diagnosis**

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**Resulting impairment**

<b>Ataxia</b>		<b>Athetosis</b>		<b>Hypertonia</b>	
<b>Limb deficiency / loss</b>		<b>Leg length difference</b>			
<b>Impaired muscle power</b>		<b>Impaired passive range of movement</b>			

**Medical condition is**

<b>Permanent</b>		<b>Stable</b>		<b>Progressive</b>	
<b>Year of onset:</b>				<b>Congenital (birth):</b>	

**Chronology of  
Health  
Condition**

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ATTACHMENTS:			
<p>The Player's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the player during player evaluation. Therefore, supporting medical documentation must be attached to this form. IWBF may ask for further information to be submitted depending on the individual player health condition and impairment.</p>			
<p><i>I can confirm that the above information is accurate</i></p>			
<b>Name:</b>			
<b>Role/Occupation:</b>			
<b>Date:</b>		<b>Signature:</b>	
<b>Sport Class Proposed by:</b>			
<b>Signature:</b>			

I, \_\_\_\_\_, hereby acknowledge and agree to the following:

1. I certify that the information provided is correct.
2. I give permission to store this form and any additionally submitted medical information by IWBF on a secured server.
3. I give permission to IWBF to use this information to evaluate my "eligibility" and facilitate player evaluation for the purpose of awarding a Sport Class and Sport Class Status as wheelchair basketball player.
4. If necessary, to complete my evaluation, I consent to a private physical examination by members of the tournament classification panel.

\_\_\_\_\_  
Signature of player (or, if a minor, signature of legal guardian)

\_\_\_\_\_  
Date