

# Athlete Classification Form

This form needs to be completed in full prior to an athlete registering with BWB.

## Section 1: Personal details

To be completed by the athlete / parent or guardian

|                                       |          |
|---------------------------------------|----------|
| First Name:                           | Surname: |
| DOB:                                  |          |
| Gender:      Male              Female |          |
| Club:                                 |          |

## Section 2: Medical information

To be completed by a registered GP or consultant either below or attached as documents.

Description of the athlete's medical diagnosis, prognosis and the loss of function this health condition results in.

**Primary impairment(s) arising from the Medical Diagnosis (tick at least 1):**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Impaired muscle power            | <input type="checkbox"/> Hypertonia |
| <input type="checkbox"/> Impaired passive range of motion | <input type="checkbox"/> Ataxia     |
| <input type="checkbox"/> Limb deficiency/loss             | <input type="checkbox"/> Athetosis  |
| <input type="checkbox"/> Leg length difference (>6cm)     |                                     |

**Medical condition is (tick 1):**

- Permanent       Stable       Progressive       Fluctuating

**Date of onset:**       Congenital (birth)       \_\_\_\_\_ (yyyy)

Treatment history:

Anticipated future procedures:

**Diagnostic evidence to be attached**

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 observation.

Evidence to support the above diagnosis **MUST** be attached for ALL athletes.

- Medical diagnostic report(s) & physical examination result, including but not limited to:
  - ASIA scale for athletes with spinal cord injury,
  - Modified Ashworth scale for athletes with ataxia, athetosis or hypertonia,
  - X-rays for athletes with dysmelia, amputation or other bone/joint pathology,
- Reports from additional relevant diagnostic testing (e.g. MRI, EMG, Nerve studies),
- Reports on additional testing by physicians, physiotherapists and other health professionals, where relevant, to complement the medical diagnostic information.

- The more recent / up-to-date this evidence can be the better.

Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

The Eligibility Panel may ask for further information to be submitted depending on the individual athlete's health condition and impairment.

I can confirm that the information in Section 2 is accurate.

|                                    |
|------------------------------------|
| Name:                              |
| Health Care Profession:            |
| Registration Authority and Number: |
| Address:                           |
| Phone:                             |
| Date:                              |
| Signature:                         |

### Section 3: Rationale

To be completed by the Club Classifier

|                          |     |     |     |     |     |     |     |     |     |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Proposed classification: | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 | 3.5 | 4.0 | 4.5 | 5.0 |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Rationale for decision

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I can confirm that the above information is accurate

|                          |
|--------------------------|
| Name of Club Classifier: |
| Signature:               |
| Date:                    |