Classification Medical Diagnostics Form: Physical Impairment

To be eligible for Paratriathlon an athlete must 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.

Instructions for completion

This form is to be completed by the athlete's medical doctor. However, if the athlete has a current (within 5 years) medical letter or report stating the medical diagnosis, medical history, medications and other information stated below, this may be attached to this form and submitted in place of Part 2 in this form.

The completed form must be sent to AusTriathlon no later than two weeks before the athlete undergoes classification. AusTriathlon holds the right to request further information if the additional information is required. The athlete may not be able to undergo classification, until such time as the requested information is provided.

Completed forms should be sent to: classification@triathlon.org.au

Part 1: Athlete Information					
Surname:		First Name:			
Address:					
Suburb:		State:		Postcode:	
Phone:					
E-mail:					
Date of Birth:	___/___/_____	Gender:	☐ Male / ☐ Female / ☐ Other		

Part 2: Medical Information (to be completed by athlete's medical doctor)		
Athlete's Medical Diagnosis:		
Year of onset:	(YYYY)	☐ **Congenital (birth)**
Primary Impairment/s associated with the medical diagnosis (select all that apply)		
☐ Limb Deficiency	☐ Impaired muscle power	☐ Hypertonia
☐ Athetosis	☐ Impaired range of movement	☐ Ataxia

Describe body part/s affected and how limitations affect athletic performance:			
Medical condition is (select all that apply):			
☐ Permanent	☐ Stable	☐ Progressive	☐ Fluctuating
Treatment History:			
Regular Medication – list dosage and reason:			
Presence of additional medical conditions / diagnoses:			
☐Vision impairment	☐Hearing impairment	☐Intellectual impairment	
☐Psychological diagnoses	☐Impaired respiratory function	☐Impaired metabolic function	
☐Joint hypermobility/instability	☐Impaired muscular endurance	☐Impaired cardiovascular function	
☐Pain	☐Other (provide details)		

Details – Athlete's medical doctor	
☐ **I confirm that the information above is accurate.**	
Name:	
Medical Speciality:	
AHPRA Registration number:	
Business address	
Phone:	
E-mail	
Date	Click or tap to enter a date.
Signature:	

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