



## MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

- This form is used to report an athlete's physical impairment in accordance with the Rowing Australia (RA) Para-Rowing Classification Regulations and By-Laws.
- It must be completed in English and signed by a **registered medical physician**.
- The completed form with any attachments must be submitted by email to [thuntly@rowingaustralia.com.au](mailto:thuntly@rowingaustralia.com.au) **30 days prior** to the classification date.

In order to properly classify athletes, all required forms must be completed in full, in advance of classification and be submitted with any supporting documents. The deadline for submission of this form is **30 days prior** to the date of classification.

### 1. ATHLETE INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: Female / Male \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Rowing Club: \_\_\_\_\_

### 2. MEDICAL INFORMATION

To be eligible for Para-Rowing, an Athlete must have an impairment that is the direct result of a health condition which has resulted in a permanent and verifiable activity limitation.

Health Condition (Diagnosis): \_\_\_\_\_

Date of onset: \_\_\_\_\_ Athlete's age at onset: \_\_\_\_\_

Athlete Name \_\_\_\_\_ Club \_\_\_\_\_

**Impairments**

Check the box/es below to indicate which impairment type/s the Athlete has that lead/s to a permanent and verifiable activity limitation.

<b>Permanent and Verifiable Impairment Type</b>	<b>Examples of health conditions (diagnosis) likely to cause such impairment</b>	<b>Additional supporting tests/documentation that are mandatory* or must be present upon request</b>
<input type="checkbox"/> Impaired Muscle Power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb's palsy, polio, spina bifida, Gullain-Barre syndrome	<b><u>Manual muscle test results*</u></b> , EMG's, MRI, nerve conduction velocity.
<input type="checkbox"/> Impaired Range of Movement	Arthrogryposis, ankyloses, post burns, joint contractures	<b><u>Goniometric measurements (ROM)*</u></b> , x-rays
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency	<b><u>Photograph of affected limb*</u></b> , x-rays of affected limb/joint
<input type="checkbox"/> Hypertonia	Cerebral palsy, stroke, brain injury, multiple sclerosis	<b><u>MRI or CT Report*</u></b> Manual muscle test results, Coordination testing
<input type="checkbox"/> Ataxia	Cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	<b><u>MRI or CT Report*</u></b> Manual muscle test results, Coordination testing
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury	<b><u>MRI or CT Report*</u></b> Manual muscle test results, Coordination testing

Is the impairment: ☐ Stable ☐ Fluctuating ☐ Progressive

**Summary of Medical History**


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Athlete Name \_\_\_\_\_ Club \_\_\_\_\_

**Future possible Medical procedures related to the Athlete's impairment**

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**3. ADDITIONAL DOCUMENTATION**

Please attach any relevant documentation of the impairment such as x-rays and/or diagnostic tests. Note: you may be required to provide more information or diagnostic tests upon request.

**4. MEDICAL PRACTITIONER DECLARATION**☐ I certify that the above information is medically appropriate

Name: \_\_\_\_\_

Medical Speciality (if applicable): \_\_\_\_\_

Registration Number: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Medical Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

It is the responsibility of the Athlete to submit a copy of this Medical Report Form and all relevant documentation to Rowing Australia ([thuntly@rowingaustralia.com.au](mailto:thuntly@rowingaustralia.com.au)) 30 days prior to the classification date.