WORLD CLIMBING

MEDICAL DIAGNOSTIC FORM FOR ATHLETES

WITH PHYSICAL IMPAIRMENT

THE MEDICAL DIAGNOTICS FORM (MDF) IS TO BE COMPLETED IN ENGLISH BY THE ATHLETE'S PHYSICIAN.

All medical documentation required in Section 4. must be attached at the end of this form and uploaded on the IFSC results system together with the Licence request.

Please fill out the form legibly and in capital letters.
Incomplete MDFs will be rejected and will need to be re-submitted. Athletes cannot receive a valid Annual Licence until this MDF is properly completed and submitted.

1. ATHLETE INFORMATION

Last Name: _____

First Name: _____

Gender: Female ☐ Male ☐ Preferred Pronouns: _____ Date of Birth (dd/mm/yyyy): _____

NPC/NF: _____ Country: _____

Sport: _____

2. ELIGIBLE IMPAIRMENT TYPE

Please select all the Eligible Impairment type(s) applying to the Athlete. Refer to the IFSC Classification Rules for full details. This form is for athletes with physical impairment. Athletes with Vision Impairment, please find the relevant form on the IFSC website.

☐ Impaired Muscle Power

☐ Limb Deficiency and/or Limb Length Difference

☐ Impaired Passive Range of Movement

☐ Short Stature (height: _____ cm)

☐ Coordination Impairments (Hypertonia/Motor Ataxia/Dyskinesia)

Physical Impairments other than the Eligible Impairment types listed above are considered Non Eligible Impairments.

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1. MEDICAL INFORMATION

1.1. DIAGNOSIS: Description of the Athlete's medical diagnosis and the loss of function this health condition results in:

HEALTH CONDITION IS: ☐ FLUCTUATING ☐ STABLE ☐ PERMANENT ☐ PROGRESSIVE

1.2. MEDICAL HISTORY

IMPAIRMENT IS: ☐ ACQUIRED ☐ CONGENITAL

If acquired, year of onset: _____

Anticipated future procedure(s) _____

1.3. MEDICATIONS

2. ATTACHMENTS TO THE MEDICAL DIAGNOSTICS FORM

The athlete's diagnosis/health condition as stated in this form must fully explain the loss of function/resulting impairment exhibited by the athlete during athlete evaluation. Otherwise, no Sport Class can be allocated by the Classification Panel, as stipulated in the IFSC Classification Rules. For additional information please see the IFSC Medical Diagnostics Form Completion Guide.

- Additional medical documentation in English language:

Eligible Impairment Type	Documents/Tests Required (select most relevant)	Examples of Additional Supporting Documentation
Impaired Muscle Power	- Medical report detailing the specific condition causing muscle weakness (e.g., spinal cord injury, nerve damage). - Pertinent imaging results such as X-Ray, CT scan, MRI scan or ultrasound that explain the loss of muscle power - Official report of EMG/Nerve Conduction Study (if nerve injury). - Physical examination results showing muscle strength grades (manual muscle testing or ASIA form in setting of spinal cord injury).	- Rehabilitation center discharge summary. - Physician's clinic notes describing how weakness impact's function (e.g., inability to lift objects or climb).
Impaired Passive Range of Motion	- Physician's letter explaining the cause of restricted range of motion (e.g., orthopedic injury, contracture). - X-ray or MRI to confirm structural abnormalities. - Passive ROM measurements from a physiotherapist or specialist.	- Surgery report or details of injury recovery. - Photos or videos demonstrating limited motion (if applicable).
Limb Deficiency	- Recent photograph or X-ray of the affected limb. - Physician's description of the amputation or dysmelia (congenital deficiency) and level of impairment.	- Prosthetics fitting report (if applicable). - Surgical notes (if amputation was performed).
Limb Length Difference	- Physician's report detailing leg length discrepancy. - Recent X-ray confirming the measurement of the leg length difference.	- Functional assessment report from a physiotherapist. - Detailed description of adaptations or assistive devices used for mobility.
Short Stature	- Documentation confirming height (e.g., growth charts, physician's letter). - X-ray or other medical imaging (if required) to confirm skeletal dysplasia or related condition.	- Genetic test results (if available) for underlying conditions such as achondroplasia. - Endocrinologist report (if applicable).
Hypertonicity/Spasticity	- Modified Ashworth Scale (MAS) or Australian Spasticity Assessment Scale (ASAS) scores. - Physician's report detailing the underlying neurological condition (e.g., cerebral palsy, TBI, stroke).	- MRI or CT scan results supporting diagnosis of the neurological condition. - Physiotherapist's functional assessment of how spasticity impacts climbing movements.
Motor Ataxia	- Neurologist's report describing the loss of coordination and underlying cause (e.g., multiple sclerosis, TBI, cerebellar atrophy). - Physician's letter detailing how ataxia impacts function.	- Coordination/Balance tests (e.g., Romberg or SARA results). - MRI results of brain or cerebellum showing lesions or abnormalities. - Functional impact report

Eligible Impairment Type	Documents/Tests Required (select most relevant)	Examples of Additional Supporting Documentation
		describing loss of climbing coordination.
Dyskinesia	- Physician's report explaining the uncontrolled movements and underlying neurological condition. - MRI or CT scan documenting brain abnormalities causing dyskinesia (if available).	- Functional assessment by a physiotherapist documenting how dyskinesia affects climbing ability. - Physician's clinic notes describing how dyskineisa impacts function

IMPORTANT

If it is not possible to provide the above-mentioned documentation associated with the impairment described, please enclose a letter from a medical doctor including information sufficient to replace the assessment requested.

It is not required to submit every listed document type for the given impairment, as some may be redundant or may not pertain to the specific diagnosis, however the documents submitted must describe the diagnosis and impairment in sufficient medical detail.

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

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

3. PHYSICIAN DECLARATION

☐ I certify that the above-mentioned information is medically appropriate.
☐ I certify that there is no contra-indication for this individual to compete at competitive level in the sport mentioned.

Name: _____

Medical Specialty _____

Registration Number _____

Address _____

City _____ Country _____

Tel. _____ E-mail _____

Signature of Physician

Date: _____

4. ATHLETE DECLARATION

☐ I certify that the above-mentioned information is true to the best of my knowledge
☐ I certify that I have **NOT** received a designation of NE-UHC (Not Eligible – Underlying Health Condition) in another sport.

Name: _____

Signature:

Date: _____