Medical Diagnostic Form for Athletes with a Physical Impairment

To be eligible for Para-cycling an Athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (Article 16.4.008 of the UCI Classification Rules and Regulations). The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed forms and relevant Medical Diagnostic Information must be submitted to the UCI via the UCI file share server no later than four (4) weeks prior to the Competition where the Athlete plans to undergo Classification. The UCI holds the right to request further information, if additional information is required. The athlete will not be able to undergo Classification, until the requested information is provided.

UCI file share server link: https://box.uci.ch/index.php/s/aJBbv0DFZrB2CB2

PLEASE FILL IN THE FORM ELECTRONICALLY. HARD COPIES MAILED TO THE UCI WILL NOT BE ACCEPTED.

Athlete Information (to be completed by the National Paralympic Committee/National Federation)

Family name:	
Given name/s:	
Gender: ☐ Female ☐ Male	**Date of Birth:**
NPC/NF:	**UCI ID:**

Medical Information – to be completed in **English** by a registered Medical Doctor, M.D.

Athlete's Medical Diagnosis (Health Condition):				
Include description of body part/s affected and limitations:				
Primary Impairment/s arising from the Medical Diagnosis (Health Condition):				
☐ Impaired muscle power ☐ Impaired passive range of movement	☐ Ataxia ☐ Athetosis ☐ Hypertonia	☐ Leg length difference ☐ Limb deficiency/loss		
Medical condition is:	☐ Permanent	☐ Stable	☐ Progressive	☐ Fluctuating
Year of onset:	☐ Congenital (birth)			

Diagnostic Evidence to be attached:

A Medical Diagnostic Report and Physical Examination results from a Health Professional qualified to examine the relevant impairment **MUST** be attached in **English** for **ALL** athletes to support the above diagnosis. Examples include

- Completed ASIA scale for Athletes with Spinal Cord Injury, Medical Report indicating cause of impairment and available range of motion for Athletes with Impaired Passive Range of Movement, Australian Spasticity Assessment Scale (ASAS), reflex activity, presentation of clonus, tremor, rigidity, dystonia or dyskinesia for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, or photo for Athletes with amputation.

UCI holds the right to request additional diagnostic evidence as per article 16.4.008 in UCI Classification Rules and Regulations, including but not limited to, report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray).

Treatment History:

Regular Medication – List dosage and reason:

Presence of additional medical conditions/diagnoses:

☐ Vision impairment
☐ Intellectual impairment
☐ Hearing impairment
☐ Psychological diagnoses
☐ Impaired respiratory function
☐ Impaired metabolic functions
☐ Impaired cardiovascular functions
☐ Pain
☐ Joint Hypermobility/ instability
☐ Impaired muscle endurance (e.g., Chronic fatigue)
☐ Other: _____

Describe:

☐ **I confirm that the above information is accurate**

Doctors Name:

Medical Specialty:	**Registration Number:**
Address:	
City:	**Country:**
Phone:	**E-mail:**
Signature:	**Date:**