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 Completed forms and relevant Medical Diagnostic Information must be uploaded to the athlete's PCSAS profile upon registration of the athlete to the PCSAS no later than four (4) weeks prior to the Competition where the Athlete plans to undergo Classification. The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.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.

The Athlete acknowledges and agrees that the UCI collects and processes some of his/her personal data for the purposes of and to the extent necessary in relation to the present Medical Diagnostics Form and to facilitate the Athlete's participation in UCI competitions. This personal data collected and processed include but are not limited to the Athlete's last name, first name, gender, date of birth, UCI ID, affiliated National Federation and medical information such as described below (Personal Data).

The Athlete acknowledges and agrees that the UCI may share his/her Personal Data with his/her NPC, his/her NF, UCI classifiers, the UCI Medical Director and/or the UCI Medical Commission.

Finally, the Athlete understands that he/she has a right to access and correct the Personal Data that the UCI holds about him/her under data protection law by contacting the UCI (data.protection@uci.ch). The Athlete may withdraw his/her agreement to the UCI processing and storing his/her Personal Data at any time. The withdrawal of the Athlete's agreement to the processing and storing of his/her Personal Data may result in him/her being ineligible to participate in the sport of para-cycling. These terms must be acknowledged and signed by or on behalf of the Athlete at the bottom of this document.

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

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

Family name:	
Given name/s:	
Gender: ☐ Female ☐ Male	**Date of Birth:**
NF (NPC):	**UCI ID:**
Sport Class:	**Sport Class Status:**

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 (dysmelia/ amputation)

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:

Note: The list of medical diagnosis shows examples and is not exhaustive.

Eligible Impairment	Name of Medical Diagnosis leading to Eligible Impairment	Documents to support the diagnosis (tick or add)
□ Impaired Muscle Power	□ Spinal Cord Injury □ Muscular Dystrophy □ Spina Bifida □ Polio Myelitis □ Other_____	□ Medical Report including recent ASIA scale results (both sensory and motor testing) □ Electromyography? □ MRI report □ X-rays □ Biopsy? □ Other_____
□ Impaired Passive Range of Motion	□ Arthrogryposis □ Joint Contractures □ Trauma □ Other_____	□ Medical Report (indicating cause of impairment and available range of motion) □ X-ray (clear indication of joint abnormality) □ Photographs □ Other_____
□ Ataxia □ Athetosis □ Hypertonia	□ Cerebral Palsy □ Traumatic brain injury □ Stroke □ Other_____	□Medical Professionals report identifying if applicable Australian Spasticity Assessment Scale (ASAS) scores, reflex activity, presentation of clonus, tremor, rigidity, dystonia or dyskinesia □ Cerebral MRI or TC scan report □ Other_____
□ Leg Length Difference	□ Trauma □ Dysmelia □ Other_____	□ Medical Report □ X-rays or □ Photograph □ Other_____

□ Limb Deficiency	□ Dysmelia □ Traumatic Amputation □ Bone Cancer □ Other_____	□ Medical Report (specify level) □ Radiologist Report (identify remaining bones) or □ X-rays or □ Photographs □ Other_____

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 and anticipated future procedures:

Regular Medication – List dosage and reason:

Presence of additional medical conditions/diagnoses:

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

Describe:

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

I certify that there is no contra-indication for this athlete to compete at competitive level.

Health Care Professional's Name:

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

☐ **I confirm that the above information is accurate and I agree to the terms mentioned above.**

Athlete Name and signature: