

Medical Diagnostic Form for ALL Athletes with Physical Impairment

To be eligible for World Shooting Para Sport an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (article 7 in the World Shooting Para Sport 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 uploaded to the athlete's SDMS profile upon registration of the athlete to the SDMS. World Shooting Para Sport holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until such time as the requested information is provided.

Please fill in the form electronically.

Athlete Information (to be completed by the NPC)

Family name: TANAKA (姓)	
Given name/s: TARO (名)	
Gender: ☐ Female ☒ Male どちらかにチェック	Date of Birth: 01/01/2023 (日/月/西暦) (dd/mm/yyyy)
NPC: JAPAN	SDMS ID: 12345 (登録しているSDMSの番号)

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

Athlete's Medical Diagnosis (Health Condition):	診断名 (障がいの原因となる具体的な診断名をご記載ください)
Include description of body part/s affected and limitations:	症状 (障がいが生じている身体部位や程度) についてできるだけ詳しくご記載ください

Primary Impairment/s arising from the Medical Diagnosis (Health Condition):

診断名から生じる障がいの種類にチェックしてください

- | | | |
|---|-------------------------------------|---|
| ☒ Impaired muscle power | ☐ Ataxia | ☐ Leg length difference |
| ☐ Impaired passive range of motion | ☐ Athetosis | ☐ Limb deficiency/loss |
| | ☐ Hypertonia | ☐ Short stature (height: _____ cm) |

障がいの状態が、永続的・安定・進行性・変動のいずれかにチェックしてください

Medical condition is: ☒ Permanent ☐ Stable ☐ Progressive ☐ Fluctuating

Year of onset: **発症日 (西暦)** **1999 (yyyy)** ☐ Congenital (birth) **生まれつきの場合**

International Paralympic Committee

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診断の根拠となる書類（脊髄損傷の場合はASIAスケール、脳性麻痺の場合はAshworthスケール、欠損・切断の場合はレントゲン写真や写真など）を添付してください。

※必ず英語でご記載ください

複数及び複雑な疾患の場合は別途Medical Report（書式自由）があると望ましいです。

Diagnostic Evidence to be attached:

Evidence to support the above diagnosis **MUST** be attached in **English** for **ALL** athletes:

- ☒ Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

World Shooting Para Sport holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in World Shooting Para Sport Classification Rules and Regulations, including but not limited to:

- ☒ Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)

Treatment History:

治療経過（これまでの経緯の全体像や手術等今後予定されているものも含めて記載してください）

Regular Medication – List dosage and reason:

内服薬（名称、量、頻度、投薬理由など）

Presence of additional medical conditions/diagnoses:

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

Describe: **他にも障がい、症状があればご記載ください**

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

Doctors Name: **医師の氏名**

Medical Specialty: **診療科名**

Registration Number:

Address: **住所**

医師登録番号

City: **市町村**

Country: **JAPAN**

Phone: **+81-（市外局番から始めの0を除いた番号）**

E-mail: **メールアドレス**

Signature: **直筆でご署名をお願いします**

Date: **MDFを作成いただいた日付（日/月/西暦）**

医師登録番号、チェック欄の記入漏れが多くなっています。今一度ご確認ください。
ご協力いただき、ありがとうございました。