

## MEDICAL INFORMATION FORM

(All fields must be completed in English only)

In the medical diagnosis box, please include dates and details of anything which affects the MOTOR functions of the body. e.g. Congenital conditions, Spinal cord injuries/ diseases; Head injuries; Neurological conditions; Amputation of limbs; Peripheral Nerve lesions; Arthrodesis of joints; Limitations due to pain are not taken into account for the purpose of classification if that is the only condition.

This information will be documented to the IPC Wheelchair Dance Sport database in accordance with the IPC Athlete Licensing Programme.

### ATHLETE DETAILS

|                            |  |
|----------------------------|--|
| Family Name                |  |
| Given Name                 |  |
| Nationality                |  |
| Date of Birth (DD/MM/YYYY) |  |

### MEDICAL DIAGNOSIS

|                           |
|---------------------------|
| <p><b>Medication:</b></p> |
|---------------------------|

### DOCTOR DETAILS

|                                  |  |
|----------------------------------|--|
| Full Name:                       |  |
| Signature:                       |  |
| Address:                         |  |
| Tel:                             |  |
| E-mail address:                  |  |
| Date of examination (DD/MM/YYYY) |  |