Medical Diagnostic Form for Wheelchair Athletes

To be eligible for World Karate Federation an athlete must have an underlying medical diagnosis (Health Condition) that results in a permanent and eligible impairment. The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.
It must be completed by a registered Medical Doctor, M.D.

The World Karate Federation 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.

Athlete Information

Family name:	**Country:**
Given name/s:	
Gender: ☐ **Female** ☐ **Male**	**Date of Birth:** (dd/mm/yyyy)

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	☐ Ataxia	☐ Leg length difference		
☐ Impaired passive range of motion	☐ Athetosis	☐ Limb deficiency/loss		
	☐ Hypertonia			
Medical condition is:	☐ Permanent	☐ Stable	☐ Progressive	☐ Fluctuating
Year of onset:	(yyyy)	☐ Congenital (birth)		

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, Modified Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

The World Karate Federation holds the right to request additional diagnostic evidence 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: _____

Please describe:

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

Doctors Name:

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

Please send by email to: wkf@wkf.net