MEDICAL DIAGNOSTIC FORM
FOR FEI PARA EQUESTRIAN CLASSIFICATION

The person named below is required to undergo Para Equestrian Classification to compete at International level of their chosen sport. During the classification process the approved Classifier (physiotherapist or medical doctor) will assess their physical Impairment as relevant to the requirements for riding or driving a horse. Each Athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation which can be measured objectively through the classification process.

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for International Para Equestrian Competition. Confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis and resulting impairment/s is required. In some instances, a copy of a report or additional diagnostic evidence from a medical specialist e.g. neurologist, is also required.

Information disclosed on this form will be stored confidentially by the FEI in accordance with the FEI Classification Rules.
For FEI Classification this information <u>must</u> be provided in English or an authorised translation provided.

Please fill in electronically or print clearly.

Athlete's Details
To be completed by the Athlete applying for classification

First Name		Family Name			
Gender	☐ Male ☐ Female	Date Of Birth			
Address					
City		Zip/Postcode		Nation	
Telephone No		E-mail			
I hereby consent to the information below being released to the FEI for Para Equestrian Classification.					
Signature:		Date:			

MEDICAL DETAILS
This section MUST be completed by a Doctor of Medicine only
Please attach a separate sheet or report if insufficient space

Name of Applicant	
Medical Diagnosis (Health Condition/s):	

Medical Diagnostic Report and Physical Examination results (e.g. ASIA scale for spinal cord injury; X-ray report; MRI; CT; muscle biopsy; nerve conduction) Attach if possible.

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
☐ Short stature (height:_____cm)	☐ Hypertonia	

Medical Condition is: ☐Permanent ☐Stable ☐Progressive ☐Fluctuating

Year of onset:_____(yyyy) ☐ Congenital (birth)

Other information concerning therapeutic or pharmaceutical interventions or surgeries (with date) relevant to their impairment:

Presence of additional health conditions or diagnoses:

☐Vision Impairment	☐Hearing Impairment	☐Pain
☐Intellectual Impairment	☐Psychological diagnoses	
☐Joint Hypermobility/Instability	☐Other	

Doctors Name			
Medical Speciality			
Address			
City		Country	
Phone		Email	
I hereby confirm that the above information is accurate.			
Signature		Date	