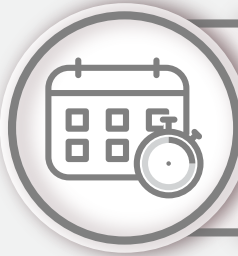


- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through <https://db.ipc-services.org/wtcs/app/login>



- Must have **MEDICAL REPORT & IQ TEST** submitted to WTCS.



- **PHOTO** of the athlete is **MANDATORY**.
- Standing facing forward, full body.
- Must be submitted also to WTCS under supporting documents.



- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



- For further information, please contact Para Taekwondo Department at classification@worldtaekwondo.org

Athlete Information

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

Eligible Impairment (s):

Intellectual Impairment before the age of 18
Autism

Underlying Health Condition:

Down syndrome/ Trisomy 21	Down syndrome/ Mosaic	Down syndrome/ Translocation
Asperger syndrome	Autism Spectrum Disorder (ASD)	
Others, please specify:		

Details of the impairment *(Please give details when & how the impairment happened):*

Health condition is:		If acquired, age of onset:	
IQ level <i>(please enter a number)</i> :		Have Atlanto-Axial Instability:	
Other health conditions:			
Medication (s):			

Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

CHECKLIST

Medical report

IQ test

Autistic diagnostic test

Tick all applicable options

Others, please specify: