

- 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 in ENGLISH** submitted to WTCS.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page.
- Must be submitted also to WTCS under supporting documents.

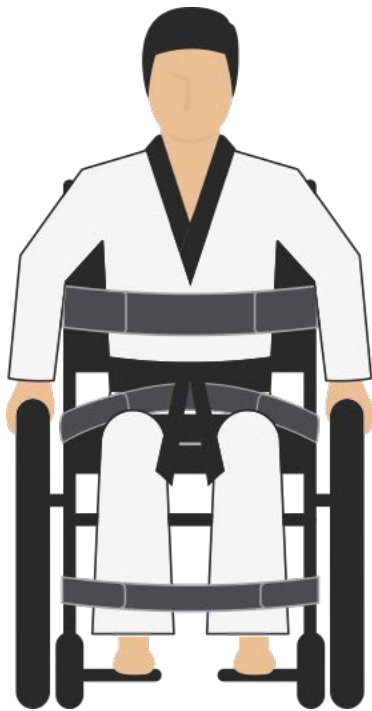


- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



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

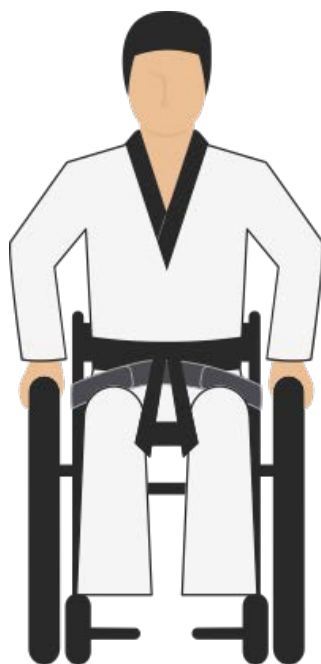
PHOTO GUIDE



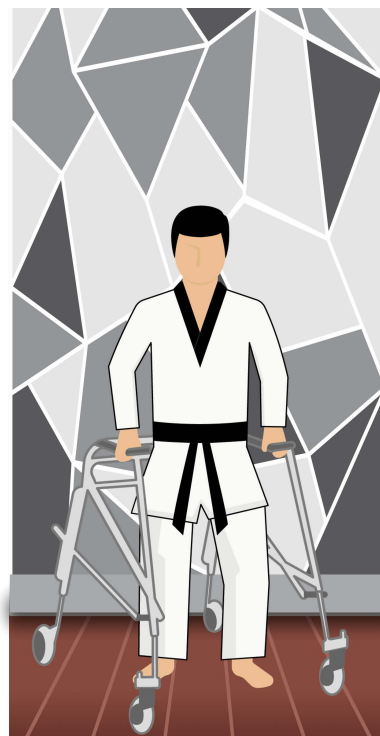
Frontal view, clear background
Wheelchair straps showing ✓



Impaired limbs
showing ✓



Impaired limb
not showing ✗



Background ✗

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):

Hypertonia/ Spasticity	Athetosis	Dystonia
Limb deficiency	Impaired Muscle Power	Impaired Passive Range of Movement

Underlying Health Condition:

Brain or spinal cord injury	Brain stroke	Peripheral nerve injury	Cerebral Palsy
Amputation	Dysmelia/malformation	Joint contracture	Polyomyelitis
Others, specify:			

Details of the impairment *(Please give details of the medical condition, severity and how many limbs affected):*

Health condition is:
If acquired, age of onset:
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

Tick all applicable options

 Medical report *(must contain -clear diagnosis -severity -which limbs are affected -how stable is the condition.*

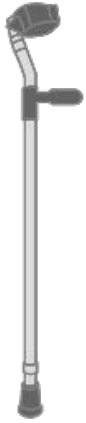
Others, please specify:

ASSISTIVE DEVICES

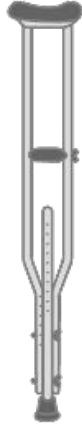
Medical Diagnostic Form
For athletes with Assistive Devices



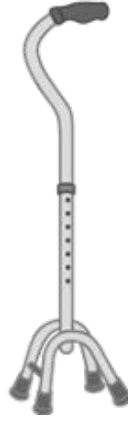
Please tick which Assistive Device your athlete uses:



Forearm crutch



Auxiliary crutch



Four leg pyramid cane



Crab foot cane



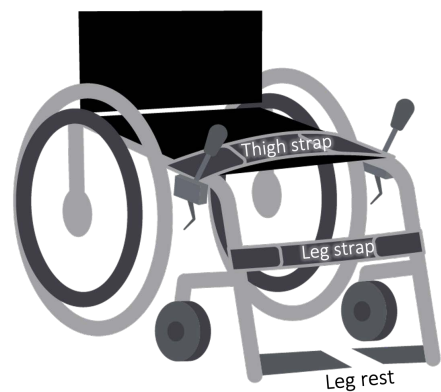
Reverse Walker



Anterior Walker



Long back wheelchair



Short back wheelchair