

## **MEDICAL DIAGNOSIS FORM**

## **USEF PARA-EQUESTRIAN CLASSIFICATION**

The athlete named below is required to undergo Classification in order to compete in Para-Equestrian sport. During the classification process, the approved Classifier (physiotherapist or medical doctor) will assess their physical impairment(s) as relevant to the requirements of the athlete's discipline. Each athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation(s) which can be measured objectively through the classification process.

Relevant and appropriate medical documentation is essential to the process of Classification. Confirmation of the medical diagnosis and a summary of results of relevant medical investigations supporting the diagnosis and/or impairments is required. In some instances, a copy of a report from medical tests, or specialists (e.g. neurologist), is also required.

State

Last Name

**DRIVING** 

Date Of Birth

**REINING** 

Zip

**Athlete's Details** (Completed by the Athlete applying for classification - Please print)

Female

Please circle DRESSAGE

Male

First Name

Discipline

Gender

Address

City

Telephone	E-mail					
I hereby consent to the information below being released to the USEF or the FEI for the purpose of Para-Equestrian Classification.						
Athlete Signature	Date					
USEF No.						
MEDICAL DETAILS Completed by Medical Doctor only – please print Please attach a separate sheet or report if insufficient space						
Physician Specialty						
Patient Diagnosis / Health Condition(s)						
Onset						
Test results to support the above diagnosis e.g MRI, CT, Muscle biopsy, nerve conduction, ASIA scale						



Condition is (please circle all that apply)	Permanent	Stable	Progressive	Fluctuating	
Other relevant factors					
e.g. therapeutic, surgica or pharmacological interventions	,				
Impairments arising fron the diagnosis	strength passive range of motion hypertonia		osis stature (height	_ leg length     difference _ limb deficiency /     loss _)	
Additional health conditions, impairments, or diagnoses	Vision Emotional / Behavioral Other:		mobility / t instability	Cognition / memory Pain	
Please print or stamp					
Athlete Name					
Physician Name					
License/NPI #					
Address					
Phone/Email					
I have followed this patient for years and confirm that the above information is accurate.					
Signature					
Date					

Information disclosed here and attached will be dealt with confidentially by the USEF and in accordance to the IPC Code of Ethics for Classification.

Please return this form and attached documents to:

Laureen K. Johnson Director of Para-Equestrian, USEF PO Box 83 Gladstone, NJ 07934

t 859-225-7693 - f 908 234 9417 email <u>lkjohnson@usef.org</u>