



Para Archery Classification Request and Medical Intake Form

Classification information for the archer and their doctor (GP, specialist)

The Classification process determines which athletes are eligible to compete in a para-sport and how athletes are grouped together for competition. In Para sports, athletes are grouped by the degree of activity limitation resulting from the impairment.

Eligible impairment types

Individuals are eligible to compete in Para Archery based on their eligible medical condition as documented on the Medical Intake form completed by their doctor. These athlete's impairments must be identified as PERMANENT in nature. Any impairment not listed as eligible below is referred to as a Non-Eligible Impairment.

World Archery, based on Appendix One of The IPC Classification Rules for Eligible Impairments, identifies that medical diagnoses affecting only the following types of Physical or Visual impairments are eligible for Para-Archery (examples in brackets):

- Impaired muscle power (spinal injury, spina bifida, muscular dystrophy)
- Impaired passive range of movement (contractures, joint trauma)
- Loss of limb or limb deficiency (amputation due to trauma or illness, congenital)
- Hypertonia (cerebral palsy, traumatic brain injury, stroke)
- Ataxia (cerebral palsy, traumatic brain injury, stroke, multiple sclerosis)
- Visual Impairments (congenital, Retinitis pigmentosa, diabetic retinopathy)

Please note that World Archery lists short stature and intellectual impairment as non-eligible conditions for safety and/or health reasons.

Non-Eligible impairment types

Examples of Non-Eligible Impairments types include, but are not limited to, the following:

- Pain (e.g. chronic back pain, chronic pain syndrome, fibromyalgia)
- Low Muscle tone
- Hypermobility of joints
- Joint instability, such as unstable shoulder joint or recurrent dislocation
- Impaired motor reflex functions
- Impaired muscle endurance
- Impaired cardiovascular or respiratory functions (heart/respiratory disease)



- Impaired metabolic functions (e.g. diabetes, thyroid dysfunction)
- Tics and mannerisms, stereotypes and motor perseveration

In addition, athletes who have a health condition or impairment that does not have an eligible underlying health condition **will not be** eligible to compete in Para Archery.

These include those that primarily:

- cause pain (e.g. myofascial pain dysfunction syndrome, fibromyalgia, or complex regional pain syndrome)
- cause fatigue (e.g. chronic fatigue syndrome)
- cause hypermobility or hypotonia (e.g. Ehlers-Danlos syndrome)
- psychological or psychogenic in origin (e.g. conversion disorders, post-traumatic stress disorder).

Please note that in some instances an athlete may have multiple impairments of which some may be eligible and some ineligible. For purposes of assessment for classification only impairments that are eligible will be assessed. Please only include health information related to the Eligible Health Condition and/or Eligible impairments. All other health information is personal and confidential and is not required on this form.

For more information please refer to the IPC Classification Code and associated documents.

This form consists of three parts.

- 1) The **first part** is a request form that needs to be completed and signed by the national archery federation representative.
- 2) The **second part** is the consent form that must be signed by the athlete to allow the classifiers to collect their personal data.
- 3) The **third part** is the medical intake form that provides evidence of the relative health condition and needs to be completed by an physician (ophthalmologist) with the applicant's medical condition, disease, or injury, and who must sign the completed document and provide national medical society or board of practice information for verification purposes.

All parts must be completed electronically in the *English language*. **The requested classification venue must be identified.** The request must be received by USA Archery (para@usarchery.org) no later than **30 days** prior to the classification event.

As this form represents the first step in the classification process, the information provided must be honest, accurate, and verifiable. Successful completion of this form does not indicate that a classification will be performed. Rather, it provides a concise basis of discussion between the applicant and classification team regarding the applicant's potential for being successfully classified as a para archery competitor. If the form has not been completed in all three parts, it will be returned.



The information provided on this form is essential to verify that the medical condition, disease, or injury that the applicant has sustained has a clear impact on their ability to function in the sport of archery.

Electronic portrait picture (passport type, JPG) is required together with this form as a separate attachment.

Event Requested (must be identified) _____

<p>Archer Details: <u>The archer must bring with them evidence of their medical condition in English & identification. The archer must bring all special equipment & assistive devices to the classification appointment.</u></p> <p>Family Name _____</p> <p>Given Name _____</p> <p>Date of birth (DD/MM/YYYY) _____</p> <p>Email address: _____</p> <p>Type of request (cross only one type of request) new national classification <input type="checkbox"/> review with the fixed date <input type="checkbox"/> reclassification <input type="checkbox"/></p>

Date _____ Place _____

Signature : _____



Consent Form

The archer agrees to cooperate fully with the classification:

- Fully answering all questions truthfully.
- Attempting all physical tests to the best of their ability.

Note: Athletes who do not cooperate fully as stated above may be disqualified from the competition.

In agreeing to be classified, the archer must understand that some of the tests may unfortunately cause pain. We are sorry for this, but it is unavoidable.

Consent and Athlete Declaration

I have no health problems which would stop me undertaking the tests ask of me.

I agree that if I sustain an injury during the classification procedure I hold USA Archery blameless.

My participation in the classification procedure is voluntary and I have the right to withdraw at any time. If I withdraw I understand that classification cannot take place and I will not be able to compete in para archery competitions.

To assist World Archery and USA Archery in developing the classification system, I also give my consent to allow data collected during my classification to be used for research and educational purposes. This includes any photographs or videos taken during the field evaluation component of classification and/or training and competition. I understand that I may withdraw this consent at any time.

Signature: _____

Date: _____



Para Archery Classification Medical Information Intake Form

Applicant's information

This form needs to be completed electronically (hand written forms not accepted).

Family name and Given name (as passport)	
Date & Place of Birth (DD/MM/YYYY)	
National Governing Body (Member Association)	USA Archery
<p>Do you currently have an International Classification (including NE)?</p> <p>If yes, please list sport class, sport class status, and date/location assigned.</p> <p><i>If you currently have an International Classification, you are NOT eligible to apply for a National Classification.</i></p>	<p>No</p> <p>Yes</p> <p>Sport Class:</p> <p>Sport Class Status:</p> <p>Date/Location Assigned:</p>
<p>Do you currently have a National Classification?</p> <p>If yes, please list sport class, sport class status, and date/location assigned.</p>	<p>No</p> <p>Yes</p> <p>Sport Class:</p> <p>Sport Class Status:</p> <p>Date/Location Assigned:</p>



The remainder of the application to be completed by the Physician	
<p><i>This row is filled only if reclassification is requested</i></p> <p>Reason for the reclassification request (<i>explain the change of the medical condition since the previous classification panel was conducted</i>)</p>	
<p>Primary Eligible Diagnosis (the eligible medical condition, disease, or injury that impacts the applicant's ability to perform the sport of archery)</p>	
<p>Date of diagnosis (DD/MM/YYYY)</p>	
<p>Significant eligible functional limitations and/or impairments associated with the Primary Diagnosis (<i>see above definitions</i>)</p>	
<p>Summary of Special Tests that confirm the Primary Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)</p>	
<p>Secondary Diagnosis (a secondary medical condition, disease, or injury that when combined with the primary medical diagnosis impacts the applicant's ability to perform the sport of archery)</p>	
<p>Date of diagnosis (DD/MM/YYYY)</p>	



<p>Significant eligible functional limitations and/or impairments associated with the Secondary Diagnosis</p>	
<p>Summary of Special Tests that confirm the Secondary Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)</p>	
<p>Any other Eligible medical conditions, diseases, injuries, or extenuating circumstances that may impact the applicant's ability to perform the sport of archery</p>	



Para Archery Classification Medical Information Intake Form

Physician's information

Surname, First name	
Signature	
Physician National Medical Society or National Board of Practice	
Physician registration Number/	