

GUIDELINES

PART 1

PLAYER INFORMATION:			
Last Name:	Click or tap here to enter text.		
First Name:	Click or tap here to enter text.		
Date of birth (DD/MM/YYYY):	Click or tap here to enter a date.		
Passport No.:	Click or tap here to enter text.		
Proposed Sport Class:	Click or tap here to enter text.		
Gender:	<input type="checkbox"/> Male	Female:	<input type="checkbox"/>
Passport No.:	Click or tap here to enter text.	Proposed Sport Class:	Click or tap here to enter text.

don't forget to include the passport number and the proposed sport class.

Fill in all the boxes

PART 2

PERMANENT HEALTH CONDITION & RESULTING IMPAIRMENT:
Health Condition / Diagnosis

In this section is important to mention the diagnosis/health condition that was made like Poliomyelitis, Spinal Cord Injury, Spina Bifida, Cerebral Palsy, Congenital Malformation, Amputee, etc.

It should also mention the consequences like loss of muscle power, increased muscle tone, limited range of movement, etc.

PART 3

Resulting impairment					
Ataxia	<input type="checkbox"/>	Athetosis	<input type="checkbox"/>	Hypertonia	<input type="checkbox"/>
Limb deficiency / loss	<input type="checkbox"/>	Leg length difference	<input type="checkbox"/>		
Impaired muscle power	<input type="checkbox"/>	Impaired passive range of movement	<input type="checkbox"/>		

In this section it should be marked only the impairment with a direct link to the mentioned health condition. This will be the impairment that will be tested against the Minimal Impairment Criteria (MIC)

PART 4

Health condition is					
Permanent	<input type="checkbox"/>	Stable	<input type="checkbox"/>	Progressive	<input type="checkbox"/>
Year of onset:	Click or tap here to enter text.		Congenital (birth):	<input type="checkbox"/>	
Chronology of Health Condition	Click or tap here to enter text.				

In this section there should be a short resume of the chronology of the health condition from the diagnosis to the current situation. It's important to mention the major medical procedures and the sequels that the player ended up with.

If it's a traumatic situation just describe how it happened and the consequences that came out of it in terms if the mentioned impairment.

To be eligible to play wheelchair basketball the health condition must be permanent so that box should always be ticked and after mention if it's permanent or a progressive health condition. Also make reference to the year that the diagnosis was made or when the trauma happened. If it's congenital just tick the respective box.

PART 5

ATTACHMENTS:	
The Player's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the player during player evaluation. Therefore, supporting medical documentation must be attached to this form. IWBF may ask for further information to be submitted depending on the individual player's health condition and impairment.	
<i>I can confirm that the above information is accurate</i>	<input checked="" type="checkbox"/>
Name:	Click or tap here to enter text.
Role/Occupation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.
Signature:	
Sport Class Proposed by:	
Signature:	

Don't forget to tick this box.

Name of the person who filled in this form that should have a Medical background

It must mention the occupation of the person as someone with a medical background (e.g.: medical doctor, physiotherapist, etc.)

The date when the form was filled in and the signature of the person that is mentioned above as being the one that filled in the medical information of this form.

PART 6

ATTACHMENTS:			
The Player's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the player during player evaluation. Therefore, supporting medical documentation must be attached to this form. IWBF may ask for further information to be submitted depending on the individual player's health condition and impairment.			
<i>I can confirm that the above information is accurate</i>			<input checked="" type="checkbox"/>
Name:	Click or tap here to enter text.		
Role/Occupation:	Click or tap here to enter text.		
Date:	Click or tap to enter a date.	Signature:	
Sport Class Proposed by:			
Signature:			

Name of the person who made the proposition of the Sport Class. It can be a classifier or the person in charge of Classification in the NOWB.

PART 7

Name of the player.

I, _____ enter name of the player _____, hereby acknowledge and agree to the following:

1. I certify that the information provided is correct.
2. I give permission to store this form and any additionally submitted medical information by IWBF on a secured server.
3. I give permission to IWBF to use this information to evaluate my "eligibility" and facilitate player evaluation for the purpose of awarding a Sport Class and Sport Class Status as wheelchair basketball player.
4. If necessary, to complete my evaluation, I consent to a private physical examination by members of the tournament classification panel.

Signature of the mentioned player and of a legal guardian if the player is a minor. Don't forget to fill in the date when the form was signed.

Click or tap to enter a date.

Signature of player (or, if a minor, signature of legal guardian)

Date