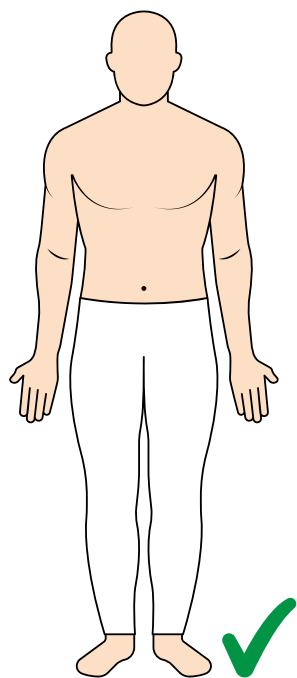
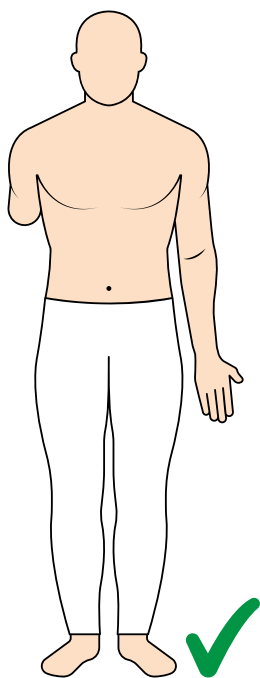


PHOTO GUIDE

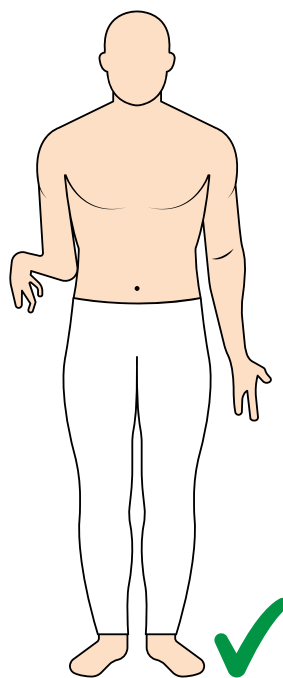
Medical Diagnostic Form
For athletes with Physical impairments



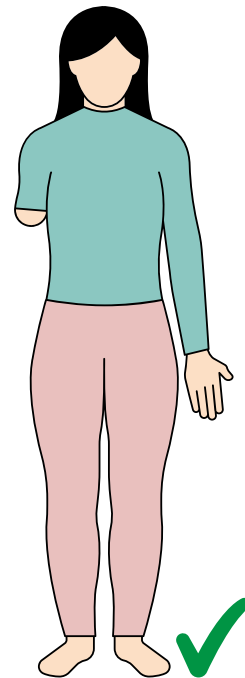
Anatomical position
& white background



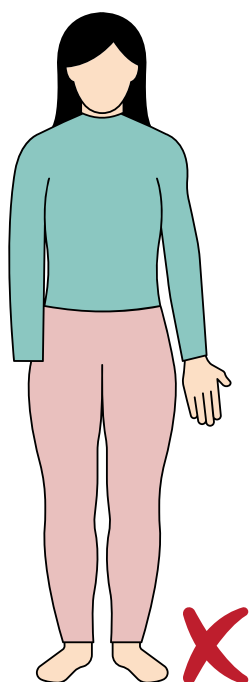
Amputation
or Dysmelia



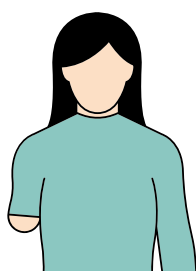
Arm contracture
stretched as possible



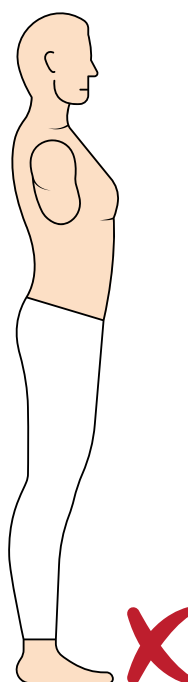
If wearing T-shirt,
affected arm(s) showing



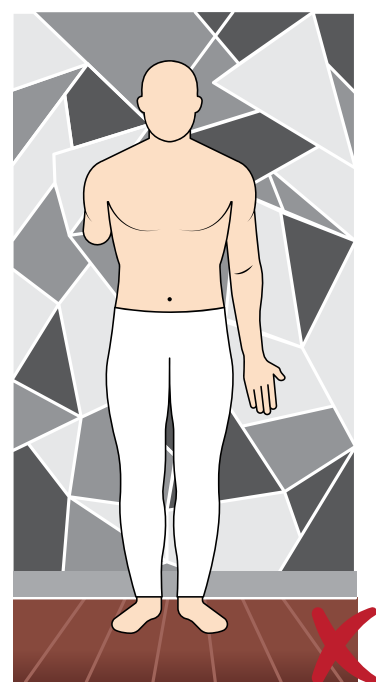
Affected arm(s)
not showing



Part body photo



Sideway photo



Background


Athlete Information

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

Eligible Impairment type(s):

Limb deficiency	Impaired muscle power	Impaired passive range of movement
Leg length difference	Short Stature	

Underlying Health Condition:

Amputation	Dysmelia/ malformation	Brachial plexus	Brain or Spinal cord injury
Joint contracture	Peripheral Nerve injury	Poliomyelitis	Dwarfism
Others, please specify:			

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

Health condition is:		If acquired, age of onset:	
Using any adaptive devices		If yes, please describe:	
Anticipated future procedure(s):			
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 dd/mmm/yyyy:		Signature:	

CHECKLIST
Tick all applicable options

Photo

Medical report

Electromyograph "EMG"

Nerve conduction test

Others, please specify: