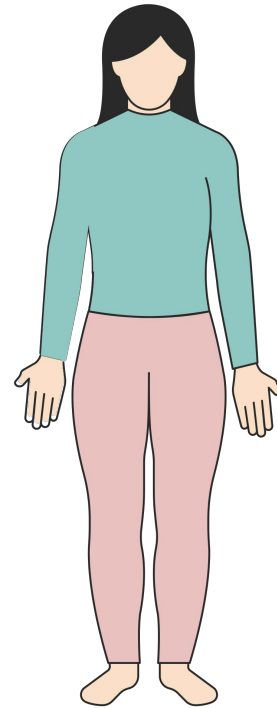


# PHOTO GUIDE

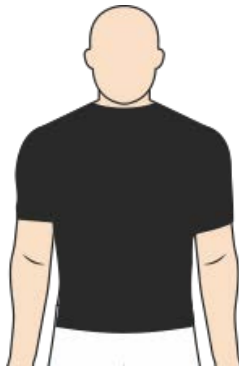
**Medical Diagnostic Form**  
For athletes with Neurological impairments



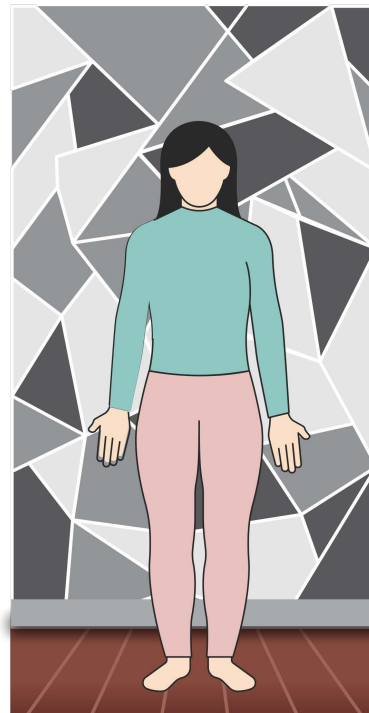
Anatomical position  
& full body photo



Clear background



Part body photo



Background



**Athlete Information**

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

**Eligible Impairment (s):**

Hypertonia/ Spasticity	Athetosis	Dystonia	Ataxia
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**Underlying Health Condition:**

Brain injury	Brain stroke	Spinal cord injury	Cerebral Palsy
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:**

<b>I confirm that the above information is accurate.</b>			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mm/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: