



CERTIFICATE OF DIAGNOSIS

FOR 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. To assist the classification process, confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis is required. In some instances, a copy of a report from medical tests, or specialists (e.g. neurologist), will be required.

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

| | | | |
|--|---------------------|---------------|-------|
| First Name | | Last Name | |
| Gender | ___ Male ___ Female | Date Of Birth | |
| Address | | | |
| City | | State | Zip |
| 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. | | | |
| Signature: | | | Date: |

MEDICAL DETAILS Completed by Doctor of Medicine only – please print

Please attach a separate sheet or report if insufficient space

| | |
|---|--|
| Physician Specialty | |
| Patient Diagnosis | |
| Test results to support the above diagnosis e.g MRI, CT, Muscle biopsy, nerve conduction | |
| Other relevant factors e.g. Epilepsy, Diabetes, or Heart Disease. | |

I hereby certify that I have followed this patient for _____ years and that the above named patient has the diagnosis specified above.



Please print or stamp

| | |
|-----------------|--|
| Athlete Name: | |
| Physician Name: | |
| Address: | |
| Phone/Email: | |
| Signature: | |
| Date: | |

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

Guidelines for the medical practitioner completing this form:

Requirements

Medical information should provide the results of medical tests and/or investigations which demonstrate that the Athlete has a diagnosis of a medical condition which leads to their presenting physical impairments.

It is not necessary to supply a report stating the symptoms such as weakness, pain, lack of sensation, inability to walk or perform certain actions. These limitations are assessed during the Athlete Evaluation process by the accredited Classifier.

Examples of documentation required:

Example 1 - a person with Multiple Sclerosis will have had various tests, for example MRI scans, during the investigation to find the cause of the symptoms. The results of the tests and a report from the neurologist clearly stating the full diagnosis (onset, type, etc . . .) is required.

Example 2 - a person with peripheral nerve damage and/or muscle weakness or paralysis is required to provide results of nerve conduction tests and other relevant investigations including a summary report from a neurologist or a neurophysiologist.

Please return this form and attached documents to:

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