US EQUESTRIAN

MEDICAL DIAGNOSIS FORM

USEF 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. Each athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation(s) which can be measured objectively through the classification process.

Relevant and appropriate medical documentation is essential to the process of Classification. Confirmation of the medical diagnosis and a summary of results of relevant medical investigations supporting the diagnosis and/or impairments is required. In some instances, a copy of a report from medical tests, or specialists (e.g. neurologist), is also required.

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

First Name	Last Name	
Discipline	Please circle DRESSAGE DRIVING REINING	
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.		
Athlete Signature	Date	
USEF No.		

MEDICAL DETAILS **Completed by Medical Doctor only – please print** Please attach a separate sheet or report if insufficient space

Physician Specialty	
Patient Diagnosis / Health Condition(s) Onset ______________	
Test results to support the above diagnosis e.g MRI, CT, Muscle biopsy, nerve conduction, ASIA scale	

Condition is (please circle all that apply)	Permanent Stable Progressive Fluctuating
Other relevant factors e.g. therapeutic, surgical, or pharmacological interventions	
Impairments arising from the diagnosis	____ muscle power / strength ____ passive range of motion ____ hypertonia ____ ataxia ____ athetosis ____ short stature (height _____) ____ leg length difference ____ limb deficiency / loss
Additional health conditions, impairments, or diagnoses	____ Vision ____ Hearing ____ Cognition / memory ____ Emotional / Behavioral ____ Hypermobility / joint instability ____ Pain ____ Other:

Please print or stamp

Athlete Name	
Physician Name	
License/NPI #	
Address	
Phone/Email	
I have followed this patient for ________ years and confirm that the above information is accurate.	
Signature	
Date	

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

Please return this form and attached documents to:

Laureen K. Johnson
Director of Para-Equestrian, USEF
PO Box 83
Gladstone, NJ 07934

t 859-225-7693 - f 908 520-3641
email lkjohnson@usef.org

Revised Jan 2019