**Medical Diagnostic Form for Wheelchair Athletes (Physically Impaired Athletes)**

To be eligible to participate in World Karate Federation (WKF) events, an athlete must provide medical diagnostic information confirming a permanent, verifiable health condition that results in an eligible impairment as defined by the WKF classification rules. Eligible impairment types include:

* Impaired muscle power
* Limb deficiency
* Impaired passive range of movement
* Ataxia, athetosis, and hypertonia

This form must be completed in **English** by a registered **Medical Doctor (M.D.)**, preferably with specialization in the athlete’s health condition and submitted by the athlete's **National Member Organization** (NMO – National Karate Federation) or **National Paralympic Committee (NPC)**.

**Submission Requirements**

1. The completed form, along with supporting medical documentation, must be submitted to the **WKF SportsID** of the athlete at least **6 weeks prior** to the athlete’s first classification presentation at a WKF event licensed for Classification.
2. A WKF Classification Panel will assess the documentation during the classification process.

**Important Notes**

* The measurement of impairment observed during athlete evaluation **must correspond** to the diagnosis indicated on this form.
* If the provided medical documentation is incomplete, the WKF reserves the right to request further information.
* Until all required information is provided, the athlete **will not** be eligible to undergo Athlete Evaluation.

By ensuring compliance with these guidelines, athletes help maintain fairness and accuracy in the classification process.

|  |  |
| --- | --- |
| **NMO/ NPC Details** | |
| NMO/NPC Name: |  |
| NMO/NPC Contact Name: |  |
| NMO/NPC Contact Email: |  |

**Athlete Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name:**  (as shown on passport) |  |  | |
| **First name:**  (as shown on passport) |  |  | |
| **Gender:** | Female  Male | **Date of Birth** (dd/mm/yyyy): |  |
| **Country:** |  |  | |
| New athlete being classified for the first time | | Athlete has an existing WKF sport class | |

**Medical Information:**

Note: The lists of medical diagnoses shown are examples and are not an exhaustive list.

|  |  |  |
| --- | --- | --- |
| **Eligible Impairment**  **(tick)** | **Name of medical diagnosis relevant to the impairment type (tick or add)** | **Documents/evidence to support the diagnosis (tick or add)** |
| Impaired Muscle Power | Spinal Cord Injury  Charcot Marie Tooth  (HSMN)  Muscular Dystrophy  Multiple Sclerosis  Spina Bifida  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical report  ASIA scale  Electromyography  MRI/CT scan  X-rays  Biopsy  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Limb Deficiency | Dysmelia  Traumatic amputation  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical report  X-rays  Photographs  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Impaired Passive  Range of  Movement | Arthrogryposis  Joint contractures  Trauma  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical report  X-rays  Photographs  Goniometric measures  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ataxia  Athetosis  Hypertonia | Cerebral palsy  Traumatic brain injury  Multiple sclerosis  Stroke  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical report  Modified Ashworth Scale  Cerebral MRI/CT scan  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Medical History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Athlete’s condition is:** | Stable | Progressive | Fluctuating | Permanent |
| **Age of Onset** (years): |  | | Congenital | |
| **Past treatments**: |  | | | |
| **Current treatments**: |  | | | |
| **Anticipated future treatments:** |  | | | |
| **Additional details on medical diagnosis (if required):** |  | | | |
| **Medications and reason for prescription:** |  | | | |

**Certification:**

I confirm that the information provided is accurate and has not been edited or altered in any way.

|  |  |
| --- | --- |
| **Name:** | |
| Medical Specialty: | |
| Registration Number: | |
| Address: | |
| City: | Country: |
| Phone: | E-mail: |
| Date: | Signature: |

|  |  |
| --- | --- |
| **NMO/NPC Verification (mandatory):** | |
| I verify my support of this application for this athlete’s medical review | |
| Name: |  |
| Position in NPC/NMO: |  |
| Signature: |  |

**Please, upload this document as a PDF to the athlete's Sportdata profile.**

Please note, that the physically impaired athletes have to perform the kata using wheelchair**.**