**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.

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| **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.

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

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| **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**.**