Medical Assessment Form for Wheelchair Athletes

To be eligible for The Karatedo Federation of Hong Kong, China Limited ("KFHKCL") an athlete must have an underlying medical assessment (Health Condition) that results in a permanent and eligible impairment. The measurement of impairment conducted during the classification process must correspond to the assessment indicated below.
It must be completed by a registered * Medical Doctor, M.D / Physiotherapist.

The KFHKCL holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until the requested information is provided.

Athlete Information

Family name:	
Given name/s:	
Gender: ☐ **Female** ☐ **Male**	**Date of Birth:** (dd/mm/yyyy)

Medical Information – to be completed in **English** by a registered * Medical Doctor, M.D / Physiotherapist.

Athlete's Medical Assessment (Health Condition):				
Include description of body part/s affected and limitations:				
Primary Impairment/s arising from the Medical Assessment (Health Condition): ☐ Impaired muscle power ☐ Impaired passive range of motion	☐ Ataxia ☐ Athetosis ☐ Hypertonia	☐ Leg length difference ☐ Limb deficiency/loss		
Medical condition is:	☐ Permanent	☐ Stable	☐ Progressive	☐ Fluctuating
Year of onset:	(yyyy)	☐ Congenital (birth)		

*** Please delete as appropriate**

Diagnostic Evidence to be attached:

☐ Evidence to support the above assessment **MUST** be attached in **English** for **ALL** athletes: Medical Assessment Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Modified Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

The KFHKCL holds the right to request additional assessment evidence including but not limited to:
☐ Report(s) from additional assessment testing (for example EMG, MRI, CT, X-ray)

Treatment History:

Regular Medication – List dosage and reason:

Presence of additional medical conditions/assessment:

- □ Vision impairment
- □ Intellectual impairment
- □ Hearing impairment
- □ Psychological diagnoses
- □ Impaired respiratory function
- □ Impaired metabolic functions
- □ Impaired cardiovascular functions
- □ Pain
- □ Joint Hypermobility/ instability
- □ Impaired muscle endurance (e.g., Chronicfatigue)
- □ Other: _____

Please describe:

☐ **I confirm that the above information is accurate**

*** Medical Doctor, M.D / Physiotherapist Name:**

Medical Specialty:	**Registration Number:**
Address:	
Phone:	**E-mail:**
Signature:	**Date:**

Please, send this document as a PDF to the KFHKCL.

*** Please delete as appropriate**