

## PANAMERICAN KARATE FEDERATION

Federacion Panamericana de Karate

Recognized by the World Karate Federation (WKF) and Panamerican Sports Organization (PASO){ODEPA}

### **Medical Diagnostic Form for Wheelchair Athletes**

To be eligible for World Karate Federation (WKF) or the Panamerican Karate Federation (PKF), an athlete must have an underlying medical diagnosis (Health Condition) that results in a permanent and eligible impairment. The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below. **It must be completed by a registered Medical Doctor, BEFORE coming to the tournament.** 

The WKF/PKF 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 Informat	ion				
Last Name:			Country:		
First Name:					
rirst name:					
Gender:	Female	Male	Date of Birth: (dd /mm/year)		
M. Fally Comment of the language late has a surface of Danton MD)					
Medical Information: (to be complete by a registered Doctor, MD)  Medical diagnosis of the athlete (Health condition):					
Medical diagnosis of	i the atmet	e (Health to	nutton).		
Include description of body parts affected and limitations:					
Drive and interesting the spirit of the standard Market Nicolar Control of the standard Control of the					
Primary impairments arising from the Medical Diagnosis (Health condition):					
Impaired musc					
Impaired passi	ve range of	motion			
Ataxia Athetosis					
Hypertonía					
Leg length diffr		_			
Limb deficiency	y/los of lim	ıb			
The medical condi	tion is:			7	
Permanent	1011 13.				
Stable					
Progressive					
Variable/flucua	ating				
				_	
Year of onset:			Congenital (birth):		

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#### Diagnostic evidence to be attached:

### Evidence to support the above diagnosis must be attached for ALL athletes:

Medical diagnistic report and physical examination results (for example ASIA scale for athletes with spinal cord injuriey, Modified Ashworth Scale for Athletes with Cerebral Palsy, X-Rays for athletes with dysmelia, photo for athletes with amputation), etc.

The WKF/PKF reserves the right to request additional diagnostic evidence, including, but not limited to:

Reports from additional diagnostic testing (for example, EMG, MRI, CT, X-rays)

Treatment history:					
Regular medication: (indicate the dosage and reason)					
Presence of additional medical conditions/diagnoses:					
Vision impairment Intellectual impairment Hearing impairment Psychological diagnosis Impaired respiratory function Impaired metabolic function Impaired cardiovascular functions Pain Joint Hypermobility/instability Impaired muscle endurance (e.g. Chronic fatigue) Other: Describe:					
I certify that the information on this form is correct.					
Doctor's Name:	Medical specialty:				
Medical License/Registration number:					
Address:	City:				
Country:	Telephone:				
Email:					
Signature:	Date:				
Please email all documents to karate@fihertel.com ar					

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