MEDICAL DIAGNOSTIC FORM
ATHLETES WITH PHYSICAL IMPAIRMENT (PI)
PARA SUKMA SARAWAK 2024

A. General Instructions:

1. To be eligible for a National Para-Sports Competition (Example Para SUKMA), an athlete must have an **Underlying Medical Diagnosis (Health Condition)** that results in **Permanent & Eligible Impairment**. The impairment measurement during the classification process must correspond to the diagnosis below.

2. Completed forms and relevant **Medical Diagnostic Information** must be presented during classification at the national level.

3. An athlete will be unable to undergo classification if requested information is incomplete. Please fill in the form with legible handwriting or typewritten.

B. Athlete Information – To Be Completed by Contingent Leader / Association / Coach / Athlete

Full Name				**Gender**	**M** / **F**
Date of Birth		**IC No**			
State		**Contact No.**			

C. Medical Information – To Be Completed In English By Registered Medical Doctor (M.D./ MBBS)

Athlete's Medical Diagnosis (Health Condition)								
Include Description of Body Part/s Affected & Limitations								
Primary Impairment/s Arising From The Medical Diagnosis (Health Condition)								
Impaired Muscle Power				**Athetosis**				
Impaired Passive Range Of Motion				**Short Stature – Height (CM)**				
Hypertonia				**Leg Length Difference**				
Ataxia				**Limb Deficiency/Loss**				
Medical Condition	**Permanent**		**Stable**		**Progressive**		**Fluctuating**	
Year of Onset				**Congenital (Birth)**				

Diagnostic Evidence To Be Attached – Evidence To Support Above Diagnosis MUST Be Attached For ALL Athletes	
	Medical Diagnostic Report & 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)
	Report(s) From Additional Diagnostic Testing (For Example, EMG, MRI, CT, X-Ray)

Treatment History

Regular Medication – List Dosage & Reason:

Presence of Additional Medical Conditions/Diagnoses:			
Vision Impairment		Impaired Metabolic Functions	
Intellectual Impairment		Joint Hypermobility/ Instability	
Hearing Impairment		Impaired Muscle Endurance	
Impaired Respiratory Function		Impaired Cardiovascular Functions – EG - Chronic Fatigue	
Psychological Diagnoses		Pain	
Others – Please Describe			

I Confirm That The Above Information Is Accurate			
Doctor's Name			
Medical Specialty			
Hospital / Clinic Name			
Town / District		**State**	
Email		**Handphone**	
Signature		**Date**	
Doctor's Stamp			