INSTRUCTION

<u>Medical Diagnostic Form</u> For athletes with Intellectual impairments







 This form must be completed in <u>ENGLISH</u> by the Member National Association (MNA)'s physician or team doctor.



Must be submitted by <u>REGISTRATION DEADLINE</u> of the event through <u>https://db.ipc-services.org/wtcs/app/login</u>



Must have <u>MEDICAL REPORT & IQ TEST</u> submitted to WTCS.



- PHOTO of the athlete is MANDATORY.
- See PHOTO GUIDE next page.
- Must be submitted also to WTCS under supporting documents.



The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.

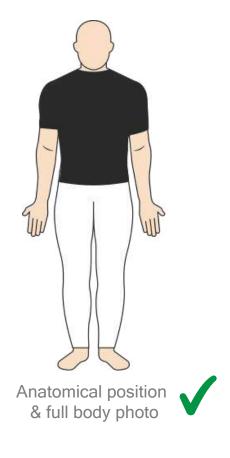


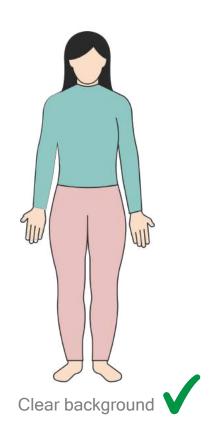
 For further information, please contact Para Taekwondo Department at classification@worldtaekwondo.org

PHOTO GUIDE

$\underline{\underline{\mathbf{M}}} edical \ \underline{\underline{\mathbf{D}}} iagnostic \ \underline{\underline{\mathbf{F}}} orm$ For athletes with Intellectual impairments

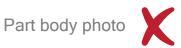




















Athlete Information

Atmete imorma	uon			
First Name:			Last Name:	
Date of Birth dd/mmi	m/yyyy:	(Gender:	
Discipline:			How long competing:	
Member National Association:		Í	WT License:	
Eligible Impairn	nent (s):			
Intellectual	I Impairment before the a	age of 18		
Autism				
Underlying Hea	Ith Condition:			
Down syndrome/ Trisomy 21		Down synd	Down syndrome/ Mosaic Down syndrome/ Translocation	
Asperger syndrome		Autism Spectrum Disorder (ASD)		
Others, please s	specify:			
Details of the in	npairment (Please give d	letails when & how th	ne impairment happened	1):
Health condition is:		If acquired, age of onset:		
IQ level (please enter a number):		Have Atlanto-Axial Instability:		
Other health condit	ions:			
Medication (s):				
Declaration sig	ned by MNA physic	ian or Team	doctor:	
I confirm tha	t the above information	is accurate.		
Name:				
Health care profession:				
Professional registr	ation number:			
Address:	l			
City:		Country:		
Phone:		E-mail:		
Date dd/mmm/yyyy:		Signature:		
CHECKLIST	Medical report	IQ test	Autistic dia	gnostic test

Tick all applicable options

Others, please specify: