



## Appendix 7

### Form 1 - Para-Badminton Medical Information Form

**Note:** - This form is for the player who is seeking classification for competition and must be filled by the doctor who can provide the medical information relating to his/her disabilities. **All information provided will be treated as CONFIDENTIAL.**

Please provide copies of any medical diagnosis – for example medical imaging, X-rays etc. This information will be recorded in the BWF Para-Badminton database in accordance with the BWF Licensing Programme for Para-badminton Players.

Limitations due to pain are not taken into account for the purposes of classification if that is the only condition.

**For submission:** - Please type on this form – and when completed print out and sign. The form must be scanned into .pdf file(s) and send to [classification@bwfbadminton.org](mailto:classification@bwfbadminton.org) at least 4 weeks prior to the competition. Please also bring the original form along to the classification process.

#### 1. TOURNAMENT DETAILS (To be filled by athlete or coach.)

<b>NAME OF COMPETITION</b> (name of the tournament you are participating)	
<b>SPORT CLASS AT ENTRY</b> (please circle one)	WH 1 / WH 2 / SL 3 / SL 4 / SU 5 / SS 6

#### 2. PLAYERS DETAILS (To be filled by athlete or coach. Please print in CAPITAL LETTERS.)

<b>FAMILY NAME</b>	
<b>GIVEN NAME</b>	
<b>NATIONALITY</b> (What passport do you hold?)	
<b>COUNTRY</b> (What country do you represent in Para-Badminton?)	
<b>DATE OF BIRTH</b> (DD.MM.YYYY)	

#### 3. MEDICAL DIAGNOSIS (To be filled by doctor.)

Please provide brief details of the medical diagnosis. Include **dates** and **details** of anything which affects the MOTOR functions of the body, for example: Congenital conditions; Spinal cord injuries / diseases; Head injuries; Neurological conditions; Amputation of limbs; Peripheral Nerve lesions; Arthrodesis of joints.

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Any additional impairments? (Scoliosis, arthrodesis, spasticity, etc.)

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**4. OPERATIONS IN THE PAST** (To be filled by doctor.)

List the operations undergone in the past.
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**5. CURRENT MEDICATIONS** (To be filled by doctor/athlete/coach.)

List the medications currently taking (name the substance – not the medicaments name). The athlete and coach are advised to refer to current WADA list for banned substances and submit TUE form if needed.
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**6. DOCTOR DETAILS** (To be filled and signed by doctor.)

<b>FULL NAME</b>		
<b>ADDRESS / CONTACT DETAILS</b>	POSTAL ADDRESS	OFFICIAL DOCTOR STAMP
	MOBILE PHONE NUMBER	
	EMAIL ADDRESS	SIGNATURE
<b>DATE / PLACE OF EXAMINATION</b>	(DD.MM.YYYY)	
	PLACE	

**7. ATHLETE'S DECLARATION** (To be filled and signed by athlete.)

I (Players' name) \_\_\_\_\_ declare that this is a true and accurate record:

<b>PLAYER'S SIGNATURE</b>		<b>DATE</b> (DD.MM.YYYY)	
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