Badminton Australia
Provisional Classification and Medical Diagnostics Form

Classification is an evaluation process used in Para sport, to group athletes whose disabilities or impairments cause similar limitations in their sport together for competition. Classification is not required for recreation or social involvement in Para sport.

In **Badminton**, Classification is open to athletes aged 13 and over.

This form can be used for:

- **Provisional level classification**: an entry level process that allows new athletes or athletes who do not have access to National level (face to face) classification to gain an indication of their eligibility for the sport and

- **Medical Diagnostics Form**: Collecting the required medical information before attending National level (face to face) classification.

Steps to Completing the Form

1. **Athlete completes SECTION 1: Athlete details and consent**

The athlete (or parent/guardian if under 18 year of age) completes the athlete details and agrees to the terms in the Evaluation Consent Form consent form in SECTION 1 (attached). If the athlete will be attending face to face classification with a representative that is not a parent/legal guardian, they MUST also sign the consent form.

2. **Medical Doctor completes SECTION 2 and SECTION 3.**

Athletes are to request their medical doctor to fill in SECTION 2 and SECTION 3 and Medical Professional Declaration.
SECTION 2: Medical Information is to be completed for ALL athletes.
SECTION 3: Medical Assessment is to be completed only for those athletes seeking a provisional classification.

If an athlete has difficulty accessing a Medical doctor to complete the form then:

- A medical report from within the last 12 months that states the diagnosis, medical history, medications and other information that is included on this form, this may be submitted in place of SECTION 2 of this form.
- This form may also be completed by a physiotherapist. However, a copy of a document from a Medical Doctor that confirms their diagnosis is requested to also be submitted with the form.

Note: Any athlete with limb deficiency or amputation is also requested to send a full body photo in shorts/t-shirt as well as a photo detailing of the limb/limbs with the impairment.

3. **Athlete to return this form to Badminton Australia via para.classification@badminton.org.au** with all additional supporting medical documentation to also be attached to the email.

An athlete cannot be classified unless they present with all the information below, by way of this form and medical report/s.

- Athletes seeking a Provisional level classification will be informed of the classification outcome via email. Please allow at least 2 months for this process to be completed.
- Athletes seeking a National level (face to face) classification will be contacted by Badminton Australia with the required details to arrange a National level (face to face) classification appointment, or with a request for additional documents if these are required.

SECTION 1: Athlete Details and Consent Athlete Personal Details		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone:		
Sex: ☐ Male ☐ Female ☐ Other		
Date of Birth:	Email:	

I wish to (tick which applies):

☐ **Obtain a Provisional level classification: or**

☐ **Submit my Medical Diagnostics form so that I can attend a National level (face to face) classification.**

Evaluation Consent Form (Athlete and guardian/representative to Complete)

I acknowledge the following:

1) I understand that this athlete evaluation process is for the purposes of entry level Australian domestic competition only. National level competition requires a full national level classification, and international level competition requires an international classification. Any future classification outcomes may vary to and will supersede this outcome.

2) My consent covers the period from the point of signing this form through to completion of the provisional or national level classification process, whichever applies to me.

3) I understand that this process may require me to participate in sport-like exercises or other physical activities. I understand that there is a risk of injury in participating in such exercises and activities. I confirm that I am healthy enough to participate.

4) I understand and agree to provide medical diagnostic documentation to enable Badminton Australia to determine whether I comply with the classification eligibility requirements outlined in the Badminton Australia Classification Rules.

5) I understand that if I fail to comply with any request made by Badminton Australia for the purposes of allocating to me a sport class then the process may be suspended without a class being allocated to me and therefore, I may not be allowed to compete until a class is allocated to me.

6) I understand that classification requires me to give a truthful representation and demonstration of my skills, abilities and the degree and nature of my impairment. I understand that any intentional misrepresentation of my skills, abilities, nature or the degree of my impairment during or following the classification by me or my representative may result in me and/or my representative facing disciplinary action by Badminton Australia.

7) I understand that classification is a judgment process. I agree to abide by the judgment of Badminton Australia. If I do not agree with the decision of the classification panel, I agree to abide by the process outlined in the relevant Badminton Australia Classification Rules.

8) I, and my representative, agree to be videotaped, audio recorded and/or photographed during the Athlete Evaluation process by classifiers or other appointed officials and that this may include my activity on and off the field of play during competition. I understand and acknowledge that any other photography, audio, or visual recording of the classification process by me or my representative is strictly prohibited.

9) I agree to advise Badminton Australia should I have any change in impairment or medical intervention that may impact the class allocated to me following classification through the Medical Review process. I understand that failure to do so may be considered Intentional Misrepresentation.

10) I agree and consent to Badminton Australia to collect, process and store my personal and classification data in any format for the sole purposes of classification, including my personal information, my sport class, sport class status, classification assessment documentation (including any videos or photographs) and medical documentation.

11) I understand that my classification data may be transferred to the relevant Badminton Australia medical personnel, if upon review of medical diagnostic information or throughout the athlete evaluation process, it is considered that my medical condition or the condition of others could be at risk if I participate in Para Badminton.

12) Upon completion of classification, I understand and agree that:

- My classification data will be stored confidentially on Badminton Australia owned or contracted server I have requested a classification for.
- Relevant information about my classification may be shared with third parties for purposes of classification and to facilitate my participation in competitions (including Badminton Australia classifiers and classification personnel, Paralympics Australia, the International Federation and the IPC).
- My name, year of birth, sex, state, sport class, and sport class status will be published by Badminton Australia as a part of the Badminton Australia Classification Masterlist on the Badminton Australia website and shared with third parties such as competition organisers.
- My personal data will not be used in any other way to which I provide express consent. It will not be kept beyond the purposes it is required, unless it is anonymised and/or there is a legal purpose for retaining it. It will be deleted when it is no longer required for classification purposes.

13) I understand that I have the following rights during classification:

The right to withdraw

My participation in the classification process is voluntary, and I have the right to withdraw from the classification process at any time. I understand that if I withdraw

from the classification process, I will not be able to be classified and may no longer have a recognised sport class for Badminton Australia competition.

The right to safety

I have the right to be treated with respect, dignity and be protected from bullying, discrimination, harassment or abuse.

The right to challenge a classification decision or process

The process for disputing any decision or process will follow the procedures outlined in the Badminton Australia Classification Rules.

The right to my personal classification data

I understand I have the right to access any classification data held by Badminton Australia. I have the right to request correction or deletion of the classification data held. I understand that deletion of my classification data will mean I no longer have a recognised sport class and will be unable to compete in that Para sport. Questions related to the use of my personal classification data can be directed to Badminton Australia via email at para.classification@badminton.org.au

Release of claims

I agree to waive my rights to make any claim against the classifiers, Badminton Australia or anyone who might then claim against the classifiers or Badminton Australia, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to my classification procedure. I agree to fully indemnify Badminton Australia and the classifiers should any claim be made against them in any way related to my classification.

Please tick as appropriate:

☐ I wish to assist Badminton Australia in developing the classification system and therefore allow my data collected during classification, including any video material supplied by me to be used for classification educational purposes by Badminton Australia.

ATHLETE CONSENT DECLARATION:	
Athlete Name:	
Signature of Athlete:	Date:
ATHLETE REPRESENTATIVE CONSENT DECLARATION:	
I understand the provisions of this Consent Form as they apply to me and to Athlete for whom I am the representative and I personally consent to abide by such provisions as a representative. If the athlete is under 18 or I am the athlete's legal guardian, my consent is also on behalf of the athlete themselves.	
Athlete Representative Name (parent/legal guardian is mandatory if athlete is under 18 years of age):	
Signature Athlete Representative:	Date:

SECTION 2: MEDICAL INFORMATION – TO BE COMPLETED FOR ALL ATHLETES

Athletes Medical Diagnosis/ Health Condition:

Date or year of onset	☐ Congenital/birth ☐ Acquired — date/year: _____
Medical condition is: (Tick all those that apply)	☐ Permanent ☐ Stable and unlikely to change ☐ Fluctuating ☐ Likely to change and recommend review in _____ years
Part of the body affected: **(Tick and describe those that apply)**	Leg/s: ☐ L: ☐ R:
	Trunk:
	Arm/s: ☐ L: ☐ R:

Eligibility: To be eligible for Para Badminton an athlete must present with one of the following impairment/s and it be associated with the medical diagnosis/es: (tick all that apply)

☐ **Limb deficiency and/or Limb Length Difference**
☐ **Impaired muscle power**
☐ **Impaired passive range of movement**

Co-ordination Impairment/s

☐ Hypertonia/Spasticity
☐ Motor Ataxia
☐ Dyskinesia (athetosis, dystonia, chorea)

Regular Medication- list dosage and reason

Presence of other medical conditions/diagnoses:

☐ Vision impairment
☐ Hearing impairment
☐ Impaired respiratory function
☐ Joint hypermobility/ instability
☐ Impaired muscle endurance
☐ Intellectual impairment
☐ Psychological diagnoses
☐ Impaired metabolic function
☐ Impaired cardiovascular function
☐ Pain

Other: _____ (e.g., Chronic fatigue, Asthma, Epilepsy)		
Walking skills	☐ Walks without aids ☐ Walks with aids/assistance ☐ Unable to walk	
Wheelchair Use	☐ Always ☐ Sometimes ☐ Never ☐ Manual ☐ Powerchair	
How do you walk in your house?	Without assistive device ☐ YES ☐ NO	Do you have a limping gait? (e.g. walk with a limp) ☐ None ☐ Mild ☐ Moderate ☐ Severe
How do you walk outside your house? (Example: going around your house, going to school, shopping or working place, etc.)	With assistive device ☐ YES ☐ NO	State the device(s): (Tick all relevant) ☐ Prosthesis ☐ Calliper/Brace ☐ Crutches Others (please state) _____
Could you run on the badminton court?	☐ NO	☐ YES ☐ Easy ☐ Slight difficulty ☐ Moderate difficulty ☐ Extreme difficulty
Special notes about the player's impairment that justify his/her use of wheelchair for badminton. (Example: Past medical history, current medical problems, further evidence etc.)		

SECTION 3 MEDICAL ASSESSMENT (For Provisional Level Classifications only)			
3a) TRUNK - Complete for ALL athletes sitting on side of plinth			
Flexion	☐ Good	☐ Fair	☐ Poor
Extension	☐ Good	☐ Fair	☐ Poor
Side Flexion Left	☐ Good	☐ Fair	☐ Poor
Side Flexion Right	☐ Good	☐ Fair	☐ Poor
Rotation Left	☐ Good	☐ Fair	☐ Poor
Rotation Right	☐ Good	☐ Fair	☐ Poor
Can Athlete sit unsupported and lift arms above their head and maintain their balance?	☐ Yes ☐ No		
Can Athlete return to upright sitting after forward flexion (resting trunk on legs) without using their hands?	☐ Yes ☐ No		

3b) For athletes with Coordination Impairment -

☐ **Athetosis** ☐ **Ataxia** ☐ **Hypertonia** ☐ **Athetosis** ☐ **Dystonia** ☐ **Chorea**

(tick boxes)

MAS* Score	**Left**	**Right**
Upper limb		
Biceps		
Triceps		
Lower limb		
Hamstring		
Quads		
Gastrocnemius		
Soleus		

***MAS Modified Ashworth Scale**

0	No catch on Rapid Passive Movement (RPM) i.e., no spasticity
1	Catch occurs on RPM followed by release. There is no resistance to RPM throughout rest of range
2	Catch occurs in second half of available range during RPM and is followed by resistance throughout remaining range
3	Catch occurs in first half of available range (up to and including halfway point) during RPM and is followed by resistance through the remaining range
4	When attempting RPM, the body part appears flexed by moves on slow passive movement

3c) For athletes with IMPAIRED MUSCLE POWER or IMPAIRED PASSIVE RANGE OF MOVEMENT (eg spinal cord or nerve injury, joint restrictions)

Note: This section does not need to be completed for athletes with Co-ordination Impairment (Hypertonia, ataxia or athetosis).

Upper limbs		**Muscle Strength (Grade 1-5 MRC)***		**Passive Range of Movement (degrees)**	
		RIGHT	**LEFT**	**RIGHT**	**LEFT**
Shoulder	**Flexion**				
	Extension				
	Abduction				
	Adduction				
Elbow	**Flexion**				
	Extension				
Wrist	**Flexion**				
	Extension				
Lower limbs		**Muscle Strength (Grade 1-5 MRC)***		**Passive Range of movement (degrees)**	
		RIGHT	**LEFT**	**RIGHT**	**LEFT**
Hip	**Flexion**				
	Extension				
	Abduction				
	Adduction				
Knee	**Flexion**				
	Extension				
Ankle	**Dorsiflexion**				
	Plantarflexion				

***MRC scale for Muscle Power**	
0	No muscle contraction is visible
1	Muscle contraction is visible but there is no movement of the joint
2	Active joint movement is possible with gravity eliminated
3	Movement can overcome gravity but not resistance from the examiner
4	The muscle group can overcome gravity and move against some resistance from the examiner
5	Full normal power against resistance

3d) Limb Length Difference
Difference between legs measured from the ASIS to the distal tip of the medial malleolus.

L = **cm** **R :** **cm**

Limb Loss/deficiency location/s (e.g. Left below knee amputation):

3e) For athletes with SHORT STATURE		
Height:	**Arm length:** **Full arm span =**	**Sum:**
Badminton Australia Classification Specialist to consult with Badminton classifiers and athlete about any other tests/video/photo that might be required e.g. for ataxia/athetosis		

MEDICAL PROFESSIONAL DECLARATION

NOTE: If Section 2 and 3 have been completed by a Physiotherapist, a copy of a letter or report from the athlete's medical doctor is also requested to confirm the athlete's diagnosis

Full Name:		
Qualifications:		
Business address:		
Suburb:	**State:**	**Postcode:**
Email:		
☐ **I certify that the above-mentioned information is accurate.**		
Signature:		**Date:**

Supporting Documents

Please provide recent, legible medical/supporting documents that confirm the athlete's diagnosis/impairment and how it affects Para Badminton participation.

- ☐ Medical/specialist report confirming diagnosis, onset, status, and expected progression
- ☐ Relevant diagnostic imaging and/or surgical or hospital reports
- ☐ Therapy/rehabilitation or functional assessment reports
- ☐ Relevant specialist reports (e.g., neurology/orthopaedics/rehabilitation)
- ☐ Required measurements and/or clear photos (including any assistive equipment)

Additional information may be requested if evidence does not clearly confirm the diagnosis or eligible impairment.

Office Use Only
Consent form signed: ☐ YES
Date athlete provided with copy of Provisional Outcome Form (where applicable):
Date documentation shared with classifiers for Eligibility Assessment:
Badminton Australia Representative Name: DATE: