

Para Archery

Classification Request and Medical Intake Form

Classification information for the archer and their doctor (GP, specialist)

The Classification process determines which athletes are eligible to compete in a para-sport and how athletes are grouped together for competition. In Para sports, athletes are grouped by the degree of activity limitation resulting from the impairment.

Eligible impairment types

Individuals are eligible to compete in Para Archery based on their eligible medical condition as documented on the Medical Intake form completed by their doctor. These athlete's impairments must be identified as PERMANENT in nature. Any impairment not listed as eligible below is referred to as a Non-Eligible Impairment.

World Archery, based on Appendix One of The IPC Classification Rules for Eligible Impairments, identifies that medical diagnoses affecting only the following types of Physical or Visual impairments are eligible for Para-Archery (examples in brackets):

- Impaired muscle power (spinal injury, spina bifida, muscular dystrophy)
- Impaired passive range of movement (contractures, joint trauma)
- Loss of limb or limb deficiency (amputation due to trauma or illness, congenital)
- Hypertonia (cerebral palsy, traumatic brain injury, stroke)
- Ataxia (cerebral palsy, traumatic brain injury, stroke, multiple sclerosis)
- Visual Impairments (congenital, Retinitis pigmentosa, diabetic retinopathy)

Please note that World Archery lists short stature and intellectual impairment as non-eligible conditions for safety and/or health reasons.

Non-Eligible impairment types

Examples of Non-Eligible Impairments types include, but are not limited to, the following:

- Pain (e.g. chronic back pain, chronic pain syndrome, fibromyalgia)
- Low Muscle tone
- Hypermobility of joints
- Joint instability, such as unstable shoulder joint or recurrent dislocation
- Impaired motor reflex functions
- Impaired muscle endurance
- Impaired cardiovascular or respiratory functions (heart/respiratory disease)
- Impaired metabolic functions (e.g. diabetes, thyroid dysfunction)
- Tics and mannerisms, stereotypes and motor perseveration

In addition, athletes who have a health condition or impairment that does not have an eligible underlying health condition **will not be** eligible to compete in Para Archery.

These include those that primarily:

- cause pain (e.g. myofascial pain dysfunction syndrome, fibromyalgia, or complex regional pain syndrome)
- cause fatigue (e.g. chronic fatigue syndrome)
- cause hypermobility or hypotonia (e.g. Ehlers-Danlos syndrome)
- psychological or psychogenic in origin (e.g. conversion disorders, post-traumatic stress disorder).

Please note that in some instances an athlete may have multiple impairments of which some may be eligible and some ineligible. For purposes of assessment for classification only impairments that are eligible will be assessed. Please only include health information related to the Eligible Health Condition and/or Eligible impairments. All other health information is personal and confidential and is not required on this form.

For more information please refer to the IPC Classification Code and associated documents.

This form consists of three parts.

- 1) The **first part** is a request form that needs to be completed and signed by the national archery federation representative.
- 2) The **second part** is the consent form that must be signed by the athlete to allow the classifiers to collect their personal data.
- 3) The **third part** is the medical intake form that provides evidence of the relative health condition and needs to be completed by an ophthalmologist with the applicant’s medical condition, disease, or injury, and who must sign the completed document and provide national medical society or board of practice information for verification purposes.

All parts must be completed electronically **in English** and **submitted by the national federation on behalf of the archer. The requested classification venue must be identified.** The request must be received by World Archery (classification@archery.sport) no later than **30 days** prior to the classification dates. If the form has been translated into English by an official translator, the translation must be signed by the physician confirming accuracy of translation.

As this represents the first step in the classification process, the information provided must be honest, accurate, and verifiable. Successful completion of this form does not indicate that a classification will be performed. It provides a concise basis of discussion between the applicant and classification team regarding the applicant’s potential for being successfully classified as a para archery competitor. If the form has not been completed in all three parts, it will be returned to the national organisation.

The information provided on this form is essential to verify that the medical condition, disease, or injury that the applicant has sustained has a clear impact on their ability to function in the sport of archery.

Electronic portrait picture (passport type, JPG) is required as a separate attachment.

Event Requested (must be identified) At which event do you want to be classified _____

<p>Archer Details: The archer must bring with them evidence of their medical condition in English & Passport. The archer must bring all special equipment & assistive devices to the classification appointment.</p> <p>Family Name. Last Name _____</p> <p>Given Name. First Name _____</p> <p>Date of birth (DD/MM/YYYY). Day/Month/Year _____</p> <p>Country _____</p> <p>Type of request (cross only one type of request) new classification <input type="checkbox"/> review with the fixed date <input type="checkbox"/> reclassification <input type="checkbox"/></p>
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Date _____ Place _____

Signature of National Federation representative _____
Stamp of National Federation

Consent Form



The archer agrees to cooperate fully with the classification by:

- Fully answering all questions truthfully.
- Attempting all physical tests to the best of their ability.

Note: Athletes who do not cooperate fully as stated above may be disqualified from the competition.

In agreeing to be classified, the archer must understand that some of the tests may unfortunately cause pain. We are sorry for this, but it is unavoidable.

Consent and Athlete Declaration

I have no health problems which would stop me undertaking the tests ask of me.

I agree that if I sustain an injury during the classification procedure, I hold para archery blameless.

My participation in the classification procedure is voluntary and I have the right to withdraw at any time. If I withdraw, I understand that classification cannot take place and I will not be able to compete in para archery competitions.

To assist World Archery in developing the classification system, I also give my consent to allow data collected during my classification to be used for research and educational purposes. This includes any photographs or videos taken during the field evaluation component of classification and/or training and competition. I understand that I may withdraw this consent at any time.

Place and data: _____

Archer's signature: _____

Para Archery

Classification Medical Information Intake Form

Applicant's information

This form needs to be completed electronically (handwritten forms are not accepted).

Family name and Given name (as passport)	
Date & Place of Birth (DD/MM/YYYY)	Note the format – day/month/year
National Governing Body (Member Association)	In the USA this is USA Archery
<i>This part is filled only if reclassification is requested</i> Reason of the reclassification request (<i>explain the change of the eligibility according to previous classification</i>)	This might include needing (or using) a new piece of adapted equipment, or a change in function (for example, a person with MS might have less hand function). If you want it looked at – be sure to include it!
Primary Eligible Diagnosis (the eligible medical condition, disease, or injury that impacts the applicant's ability to perform the sport of archery)	Make sure this is an eligible diagnosis and is the primary diagnosis affecting the ability to shoot archery. If what you consider to be your primary disability (maybe PTSD) is not eligible, leave it off and put the eligible disability (maybe a Below Knee Amputation) in this area.
Date of diagnosis (DD/MM/YYYY)	When did it happen, or when were you diagnosed
Significant eligible functional limitations and/or impairments associated with the Primary Diagnosis (see above definitions)	Be specific – for example, if your primary diagnosis was a stroke, how does it affect your archery. Maybe no use of left hand, left side weakness, poor balance. Be sure to include everything you want looked at. If you say you have shoulder issues, but you don't mention the wrist issues also, they won't look at the wrist.
Summary of Special Tests that confirm the Primary Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)	This could include MRIs, XRays, observation

Secondary Diagnosis (a secondary medical condition, disease, or injury that when combined with	If you have a secondary diagnosis that also affects your archery, list it here. (Not everyone will complete this section). An example
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the primary medical diagnosis impacts the applicant's ability to perform the sport of archery)	might be with the below knee amputation listed above, there could also be damage to the other foot.
Date of diagnosis (DD/MM/YYYY)	Date it happened or when it was diagnosed
Significant eligible functional limitations and/or impairments associated with the Secondary Diagnosis	In this case, it could include balance issues, difficulty standing for long times, long distance walking is difficult. Again – make sure you include everything.
Summary of Special Tests that confirm the Secondary Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)	Same as above – MRIs, etc.
Any other Eligible medical conditions, diseases, injuries, or extenuating circumstances that may impact the applicant's ability to perform the sport of archery	Make sure anything listed here is eligible. Look at the list included with the form. Remember pain, PTSD are not eligible.

Para Archery Classification Medical Information Intake Form

Physician's information

Surname, First name	Your physician's office needs to fill this out, and except for the signature, it should be typed.
Signature	
Physician National Medical Society or National Board of Practice	
Physician registration Number/	