

PARA SPARTAN ELITE HEAT OFFICIAL OBSTACLE COURSE RACE MEDICAL DIAGNOSIS FORM (MDF)

To be eligible for Para Spartan Elite an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (See Page 3 of the Para Spartan Official Obstacle Course Race Rules & Regulations).

The measurement of impairment listed for an athlete's classification criteria must correspond to the diagnosis indicated below and ability level displayed at the Medical Review prior to race day.

Completed forms and relevant medical diagnostic information/supporting documents must be submitted to the Para Spartan Event Director, Nicole Verneuille at nicole.verneuille@spartan.com by the deadline listed on registration. Para Spartan holds the right to request further information, if additional information is required. The athlete will not be able to complete the Medical Review, until such time as the requested information is provided.

Please fill in the form electronically or hand written and scan/e-mail to the contact information listed above. By completing this form you agree that your classification meets the classification criteria and you are **REQUIRED** to complete and return this Medical Diagnosis Form. If you do not submit this form or fail to meet the requirements by the registration deadline date, there will be no refund for your registration. If you submit and our medical staff determines that you do not qualify, you will receive a full refund.

THIS FORM MUST BE COMPLETED BY A REGISTERED MEDICAL DOCTOR, M.D., preferably a medical doctor who is familiar with your medical diagnosis. No substitutions or exceptions. If this form is completed by someone other than a medical doctor, the form will not be accepted.

Athlete Information

First Name:

Last Name:

Date of Birth (mm/dd/yyyy):

Gender:

Medical Information – to be completed by a registered Medical Doctor, M.D.

Athlete's Medical Diagnosis (Health Condition):

Include description of body part/s affected and limitations:

Primary Impairment/s arising from the Medical Diagnosis (Health Condition):

Please check all that apply-

Impaired muscle power	<input type="checkbox"/>
Impaired passive range of motion	<input type="checkbox"/>
Limb deficiency/loss	<input type="checkbox"/>
Arm/Leg length difference	<input type="checkbox"/>
Short stature (height: _____ cm)	<input type="checkbox"/>
Hypertonia	<input type="checkbox"/>
Ataxia	<input type="checkbox"/>

Athetosis	
Visual Impairment	

Medical condition is (please check one):

Permanent	
Stable	
Progressive	
Fluctuating	

Year of onset: (yyyy) OR Congenital (birth)

Treatment History (can be attached as a separate document):

Regular Medication – List dosage and reason:

Presence of additional medical conditions/diagnoses:

Please note, additional or secondary medical conditions may not qualify as eligible impairments. Your PRIMARY medical condition must qualify as eligible to fit the classification criteria.

- Intellectual impairment
- Hearing impairment
- Psychological diagnoses
- Impaired respiratory function
- Impaired metabolic functions
- Impaired cardiovascular functions
- Pain
- Joint Hypermobility/ instability
- Impaired muscle endurance (e.g., Chronic fatigue)
- Other: _____

Please describe any additional medical conditions you have listed above :

Diagnostic Evidence to be attached:

Evidence to support the above diagnosis **MUST** be attached in for ALL athletes, such as Medical Diagnostic Report and 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). ***Para Spartan holds the right to request additional diagnostic evidence, including but not limited to: Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray).***

Doctors Name:

Medical Specialty:

Registration Number:

Address:

City:

State:

Zip Code:

Phone:

E-mail:

I confirm that the above information is accurate.

Signature:

Date: