



## International Para-Standing Tennis Association (IPSTA) Medical Classification Form

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

This form must be completed in English. Please use translation software if required.

You must provide at least one type of proof of your eligible impairment. Examples of supporting evidence types for each eligible impairment are provided, but the examples are not exhaustive. Please provide copies of any supporting medical information regarding your health condition and eligible impairments (for example medical imaging, X-rays, doctors reports etc.). This information will be recorded in the PST database in accordance with the PST Licensing Programme for 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 save as a .pdf when complete. The form must be sent with all supporting evidence in a single email with attachments clearly labelled to '[classification@parastandingtennis.com](mailto:classification@parastandingtennis.com)' at least 2 weeks prior to the tournament.

Players Details (To be filled by athlete. Please type in CAPITAL LETTERS)	
<b>Last Name</b>	
<b>First Name</b>	
<b>Nationality</b> (as stated in passport)	
<b>Country</b> (country you represent in Para-Standing Tennis)	
<b>Date of Birth</b> (DD/MM/YYYY)	
<b>Gender</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>

Underlying Health Condition (To be filled by doctor or athlete)
Date of onset:
Please provide brief details of the athlete's Underlying Health Condition. 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.
Please provide details of what limbs are affected, and at what level.



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<b>Previous Medical Treatments / Operations</b> (To be filled by doctor or athlete)
Please give details of any medical treatment or operations you have undergone, or are currently undergoing. You only need to provide details of treatments relevant to your Underlying Health Condition and Eligible Impairment.
<b>Current Medications</b> (To be filled by doctor or athlete)
List the medications currently taking (name the substance – not the medication name). The athlete and coach are advised to refer to current WADA list for banned substances and submit a Therapeutic Use Exemption form if needed to: <a href="mailto:info@parastandingtennis.com">info@parastandingtennis.com</a>

<b>Eligible Impairment and Supporting Information</b>	
Please indicate which Eligible Impairment you present with, as well as which supporting evidence you are supplying as proof of this impairment.	
<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Medical Report <input type="checkbox"/> ASIA Scale <input type="checkbox"/> Electromyography <input type="checkbox"/> MRI (and Medical Report) <input type="checkbox"/> X-Rays (and Medical Report) <input type="checkbox"/> Muscle Power Tests (Scale 0-5) <input type="checkbox"/> Biopsy



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	Other_____
<input type="checkbox"/> Impaired Passive Range of Movement	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays (and Medical Report) <input type="checkbox"/> Photographs <input type="checkbox"/> Goniometric measures of joint limitations  Other_____
<input type="checkbox"/> Limb Deficiency	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays (and Medical Report) <input type="checkbox"/> Photographs  Other_____
<input type="checkbox"/> Limb Length Difference	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays (and Medical Report) <input type="checkbox"/> Photographs  Other_____
<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Medical Report <input type="checkbox"/> Modified Ashworth Scale or similar <input type="checkbox"/> Cerebral MRI or CT scan  Other_____
<input type="checkbox"/> Ataxia	<input type="checkbox"/> Medical Report <input type="checkbox"/> Specific scale or similar <input type="checkbox"/> Cerebral MRI or CT scan  Other_____
<input type="checkbox"/> Athetosis	<input type="checkbox"/> Medical Report <input type="checkbox"/> Specific scale or similar <input type="checkbox"/> Cerebral MRI or CT scan  Other_____
<input type="checkbox"/> Short Stature	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays (and Medical Report) <input type="checkbox"/> Photographs  Other_____

Adaptive Equipment	
On what side, do you hold / use your racquet when playing Para-Standing Tennis?	<input type="checkbox"/> <b>Left</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Right</b></span>
Please give details of any adaptive equipment you use to play Para-Standing Tennis. For example: prosthetics, tape, splints, adapted racquets.	



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### **Athlete's Declaration and Acknowledgment**

I, \_\_\_\_\_ (Player Name)

declare that this is a true and accurate record.

<b>Player Signature</b>		<b>Date/Time (DD/MMM/YYYY)</b>	
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*Please print and sign / date in the boxes above, or type your full name in BLOCK CAPITALS and date in the boxes above. Both forms of signature will be treated as equivalent.*