

International Classification Card



Version: March 2015

PART 1: CLASSIFICATION INFORMATION																				
1.1 ATHLETE INFORMATION																				
SDMS Number					NPC															
Last Name					First Name(s)															
Gender					Date of Birth (yyyy/mm/dd)															
1.2 MEDICAL INFORMATION																				
Impairment type(s)																				
<input type="checkbox"/> Impaired muscle power					<input type="checkbox"/> Impaired passive range of movement					<input type="checkbox"/> Limb deficiency					<input type="checkbox"/> None					
<input type="checkbox"/> Ataxia					<input type="checkbox"/> Athetosis					<input type="checkbox"/> Hypertonia										
Detailed description of impairment(s) and health condition(s):																				
PART 2: PHYSICAL ASSESSMENT																				
2.1 - 2.2 IMPAIRED MUSCLE POWER (2.1) & IMPAIRED PASSIVE RANGE OF MOVEMENT (2.2)																				
UPPER LIMBS		Shoulder						Elbow				Wrist		Finger (2-5)(MCP)		Thumb		TOTAL POINTS (85/170)	TOTAL POINTS LOST	
		Flexion	Extension	Abduction	Adduction	Horiz. Add.	Endorotation	Exorotation	Flexion	Extension	Supination	Pronation	Dorsiflexion	Volarflexion	Flexion	Extension	Opposition			Extension
Muscular Strength (0-5)	RIGHT																			
	LEFT																			
Range of Movement	PROM	0-90°	0-20°	0-90°	0-90°	0-120°	0-90°	0-90°	0-120°	0-120°	Anatomical Range (AR)									
	RIGHT																			
	LEFT																			
LOWER LIMBS		Hip				Knee		Ankle				TOTAL POINTS (50/100)	TOTAL POINTS LOST							
		Flexion	Extension	Abduction	Adduction	Flexion	Extension	Dorsiflexion	Plantarflexion	Inversion	Eversion									
Muscular Strength (0-5)	RIGHT																			
	LEFT																			
Range of Movement	PROM	0-90°	0-10°	0-20°	AR	0-90°	0-10°	0-30°	0-50°	0-50°	0-30°									
	RIGHT																			
	LEFT																			
2.3 LIMB DEFICIENCY																				
Affected Upper Limb(s): LEFT/RIGHT					Level & description:															
Affected Lower Limb(s): LEFT/RIGHT					Level & description:															

2.4 ATAXIA	2.5 ATHETOSIS	2.6 HYPERTONIA

2.7 TRUNK

SPINAL COLUMN	Conditions	Describe if present:
	Scoliosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Fixation <input type="checkbox"/> Yes <input type="checkbox"/> No	

Tests	Score	Comments				
TEST 1: leaning forward	<input type="checkbox"/> + <input type="checkbox"/> ± <input type="checkbox"/> -					
TEST 2: leaning backwards	<input type="checkbox"/> + <input type="checkbox"/> ± <input type="checkbox"/> -					
TEST 3: leaning outside base support	<input type="checkbox"/> + <input type="checkbox"/> ± <input type="checkbox"/> -					
TEST 4: bend to each side	<input type="checkbox"/> + <input type="checkbox"/> ± <input type="checkbox"/> -					
TEST 5: rotation	<input type="checkbox"/> + <input type="checkbox"/> ± <input type="checkbox"/> -					
OUTCOME (total back length measurement):						
Backrest score (A/B/C): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Total back length measurement:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">cm</td> <td style="width: 50%; text-align: center;">Visible free height:</td> </tr> <tr> <td style="width: 50%; text-align: center;"> </td> <td style="width: 50%; text-align: center;">cm</td> </tr> </table>	cm	Visible free height:		cm
cm	Visible free height:					
	cm					

PART 3: TECHNICAL ASSESSMENTS

3.1 ATHLETE REVIEWED IN SHOOTING POSITION WITH EQUIPMENT (IN CLASSIFICATION ROOM)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
3.2 ATHLETE REVIEWED ON THE RANGE/IN TRAINING IN SHOOTING POSITION WITH EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

PART 4: EQUIPMENT INFORMATION

Shooting arm	<input type="checkbox"/> Left <input type="checkbox"/> Right	Trigger adaption	<input type="checkbox"/> No <input type="checkbox"/> Yes
SH2 Spring for rifle support	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> N/A	Wears prosthesis?	Details:
Loading Assistant (RIFLE SH2)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Loading device (PISTOL)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Wears orthosis?	Details:
Compensating block	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes	

PART 5: CLASSIFICATION DECISION

Sport Class	<input type="checkbox"/> SH1 (Pistol) <input type="checkbox"/> SH1 (Rifle) <input type="checkbox"/> SH2	<input type="checkbox"/> Not Eligible (NE)	<input type="checkbox"/> Classification Not Complete (CNC)
Sport sub-Class	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Aa <input type="checkbox"/> Ab <input type="checkbox"/> Ba <input type="checkbox"/> Bb <input type="checkbox"/> Ca <input type="checkbox"/> Cb		
Sport Class Status	<input type="checkbox"/> Confirmed <input type="checkbox"/> Review	Year of Review (if applicable)	
Comments on classification decision/reason for review:			

PART 6: CLASSIFICATION VERIFICATION

CLASSIFIER 1		CLASSIFIER 2	
Name		Name	
Signature		Signature	

PART 7: ATHLETE DECLARATION

Signature indicates that the athlete has been duly informed about the sport class and status assigned by the panel, and that the information provided by the athlete was correct.

Classification Location		Name	
Classification Date/Time		Signature	

Athlete Evaluation Agreement Form

I wish to undergo the Athlete Evaluation process detailed in the World Shooting Para Sport Classification Rules and Regulations and administered by World Shooting Para Sport and a designated World Shooting Para Sport Classification Panel and acknowledge that the following steps are essential to complete this process:

- a. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that I am healthy enough to participate in Athlete Evaluation.
- b. I understand that I have to comply with the requests made by both World Shooting Para Sport and the Classification Panel. This includes providing sufficient documentation to determine whether I comply with the eligibility requirements for World Shooting Para Sport. I also understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.
- c. I understand that Athlete Evaluation requires me to give my best effort, and that any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action.
- d. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the protest and/or appeal process as defined in the Athlete Classification Code and International Standards.
- e. I may be videotaped and photographed during the Athlete Evaluation process and this may include my activity on and off the field of play during the Competition.
- f. My personal data (including my Sport Class, Sport Class Status and relevant medical information that has not already been collected by the IPC in the IPC Eligibility Agreement) (Personal Data), will be collected by World Shooting Para Sport, my National Paralympic Committee (NPC) and/or my National Federation (NF) and be stored by World Shooting Para Sport (including being transferred to or stored on the IPC's owned or contracted servers) and used by World Shooting Para Sport, my NPC and/or my NF for the purposes of and to the extent necessary in relation to Athlete Evaluation and facilitating my participation in IPC Competitions.
- g. My Personal Data will be transferred to the IPC Medical & Scientific Director (or designated representative) and/or the IPC Medical Committee if the Classification Panel, upon review of Medical Diagnostic Information or through any observation during Athlete Evaluation, is of the view that I may have a health condition which could be adversely impacted by my participation in the sport of World Shooting Para Sport for the purposes of assessing that risk and determining the appropriate outcome.
- h. My name, gender, year of birth, country, Sport Class and Sport Class Status will be published by World Shooting Para Sport and shared with my NPC, NF and competition organisers.

**Additional Explanation (Consent):
Use of Personal Data for Research Purposes**

- I wish to assist World Shooting Para Sport in developing the Classification system and therefore allow my Personal Data, including video material recorded during training and competition, to be used for research and educational purposes by World Shooting Para Sport in perpetuity, provided such Personal Data is anonymised prior to any publication.

Providing or not providing this consent does not affect the fulfilment of this Athlete Evaluation Agreement Form as a whole. If consent for research purposes is not provided, Personal Data will not be used for this purpose. If consent is provided, it can be withdrawn at any time by contacting the IPC Headquarters at: privacy@paralympic.org.

Release of Claims

I hereby release World Shooting Para Sport, the IPC and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection of my Personal Data by my NPC or NF and/or my participation in Athlete Evaluation.

Access to Personal Data

I understand that I have a right to access and correct the Personal Data that World Shooting Para Sport holds about me under data protection law by contacting my NPC or NF, who will, if required, contact World Shooting Para Sport. I also understand that my eligibility to participate in the sport of World Shooting Para Sport is contingent on my voluntary participation in Athlete Evaluation so that a Sport Class can be allocated to me. I also understand that I may withdraw my agreement to World Shooting Para Sport processing and storing my Personal Data at any time. I further understand that the withdrawal of my agreement to the processing and storing of my Personal Data will result in me being ineligible to participate in the sport of World Shooting Para Sport.

Contact Details

I understand that I may contact the IPC Headquarters at: privacy@paralympic.org should I have any questions about the content of this Athlete Evaluation Agreement Form and the use of my Personal Data.

_____	_____	_____
Printed name of Athlete	Signature	Date
_____	_____	_____
Athlete Representative (mandatory signature if the Athlete is considered a minor or lacks legal capacity under national legislation)	Signature	Date