

CERTIFICATE OF DIAGNOSIS

FOR PARA-EQUESTRIAN CLASSIFICATION

The person named below is required to undergo Para-Equestrian Classification to compete at National level of their chosen sport. During the classification process the approved Classifier (physiotherapist or medical doctor) will assess their physical Impairment as relevant to the requirements for riding a horse. To assist the classification assessment process a confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis is required. In some instances, a copy of a report from a medical specialist e.g. neurologist, will be required.

Athlete's Details (To be completed by the Athlete applying for classification - Please print)

| First Name | | | Family Na | Family Name | | | |
|-------------------------------------------------------------------------------------------------------------------|----|--------------|-----------|---------------|-------|-------|--|
| Gender | □M | ale 🗆 Female | Date Of E | Date Of Birth | | | |
| Address | | | | | | | |
| | | | | | | | |
| City | | | State | | Pos | tcode | |
| Telephone | | | E-mail | | | | |
| I hereby consent to the information below being released to EA for the purpose of Para-Equestrian Classification. | | | | | | | |
| Signature: | | | | | Date: | | |

MEDICAL DETAILS (This section to be completed by a Doctor of Medicine only – please print clearly) Please attach a separate sheet or report if insufficient space

| Name of Applicant | |
|----------------------------------------------------------------------------------------------------|---|
| Diagnosis | |
| Test results to support the above diagnosis e.g. MRI, CT, Muscle biopsy, nerve conduction | · |
| Other relevant factors e.g. Epilepsy, Diabetes, and Heart Disease. | |



I hereby certify that I have followed this patient for _____ years and that the above named patient has the diagnosis specified above.

Please print

| Doctor's Name: | |
|----------------|--|
| Address: | |
| Signature: | |
| Date: | |

N.B. Information disclosed on this form will be dealt with confidentially by EA.

Guidelines for the medical practitioner completing this form:

Requirements

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for National Para-Equestrian Competition.

This medical information should provide the results of medical tests and investigations which demonstrate that the Athlete has a diagnosis of a medical condition which leads to their presenting physical impairments.

It is <u>not</u> necessary to supply a report stating the symptoms such as weakness, pain, lack of sensation, inability to walk or perform certain actions. These limitations are assessed during the Athlete Evaluation process by the accredited Classifier.

Examples of documentation required:

Example 1 - a person with Multiple Sclerosis will have had various tests, for example MRI scans, during the investigation to find the cause of the symptoms. The results of the tests and a report from the neurologist clearly stating the full diagnosis is required.

Example 2 - a person with peripheral nerve damage and/or muscle weakness or paralysis is required to provide results of nerve conduction tests and other relevant investigations including a summary report from a neurologist or a neurophysiologist.