



## Medical Diagnostics Form (MDF) for ALL Athletes with Physical Impairment (Para Chess)

### Athlete Information (to be completed by the NPC/State)

<b>Family Name :</b>	<i>Nama Ayah/Keluarga/Keturunan</i>
<b>Given Name/s :</b>	<i>Nama Sendiri</i>
<b>Gender :</b>	<input type="checkbox"/> <b>Male / Lelaki</b> <input type="checkbox"/> <b>Female / Wanita</b>
<b>Date of Birth :</b>	<i>DD/MM/YYYY</i>
<b>NPC / State :</b>	<i>Negeri</i>
<b>NRIC No.:</b>	<i>No. KP</i>

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

<b>Athlete's Medical Diagnosis (Health Condition):</b>	
<b>Include description of body part/s affected and limitations:</b>	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b>	
<input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Limb deficiency/loss              Short stature (height: _____ cm)	
<b>Medical condition is:</b>	
<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating	
<b>Year of Onset :</b>	(YYYY) <input type="checkbox"/> Congenital (Birth)



**Diagnostic Evidence to be attached:**

Evidence to support the above diagnosis **MUST** be attached in English for **ALL** athletes:

Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

**Treatment History :**

**Regular Medication - List dosage and reason :**

**Presence of additional medical conditions/diagnoses:**

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

**Describe:**

I confirm that the above information is accurate

**Doctors Name:**

**Medical Specialty:**

**Registration Number:**

**Address:**

**City:**

**Country:**

**Phone:**

**E-mail:**

**Signature:**

**Date:**