Paralympic Council
MALAYSIA

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

(Para Tenpin Bowling)

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

Family Name :	*Nama Ayah/Keluarga/Keturunan*
Given Name/s :	*Nama Sendiri*
Gender :	☐ **Male / *Lelaki*** ☐ **Female / *Wanita***
Date of Birth :	*DD/MM/YYYY*
NPC / State :	*Negeri*
NRIC No.:	*No. KP*

Medical Information – to be completed in English 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):

☐ Impaired muscle power ☐ Impaired passive range of motion ☐ Ataxia ☐ Athetosis

☐ Hypertonia ☐ Leg length difference ☐ Limb deficiency/loss Short stature (height:_____cm)

Medical condition is: ☐ Permanent ☐ Stable ☐ Progressive ☐ Fluctuating

Year of Onset : (YYYY) ☐ Congenital (Birth)

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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:**