

MEDICAL DATA SUBMISSION

Athletes attending classification are required to send medical documentation in English, except those with a diagnosis as follows:

- Single or Multiple amputations or dysmelia
- Moderate to Severe forms of Cerebral Palsy
- Arthrogryposis
- Achondroplasia
- Complete Spinal Cord Lesions resulting in Paraplegia or Tetraplegia
- Brachial Plexus lesions or Erb's Palsy

(If you are unsure that the athlete's impairment is not in one of the above categories, please provide supporting medical specialist's documentation)

Name of the athlete: _____

Date of birth (dd/mm/yyyy): _____ Male: Female:

Disability group:

- Functional disability
- Visual impairment

Date and place of the competition/s where international classification is offered and the athlete named above will enter:

Medical condition (please attach the relevant medical papers in English):

Name and position of the person submitting medical data:

Date (dd/mm/yyyy): _____

Signature: _____

Stamp of the respective NPC:

Please be advised that medical data submission should be sent one (1) month prior to the above named championships.



Please send the medical documentation to IPC Swimming:

International Paralympic Committee
IPC Swimming
Adenaurallee 212-214
53 113 Bonn
Germany

E-mail: ipcswimming@paralympic.org

Fax: +49 228 2097 209

If you have any further question please contact IPC Swimming:
ipcswimming@paralympic.org