

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
- Arthrogyrosis
- Achondroplasia
- Complete Spinal Cord Lesions resulting in Paraplegia or Tetraplegia
- Brachial Plexus lesions or Erb's Palsy
- Intellectual disability

(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
- Intellectual Disability

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 form 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