



Medical Assessment Form for Wheelchair Athletes (Physically Impaired Athletes)

To be eligible to participate in The Karatedo Federation of Hong Kong, China Limited ("KFHKCL") events, an athlete must provide medical diagnostic information confirming a permanent, verifiable health condition that results in an eligible impairment as defined by the WKF classification rules. Eligible impairment types include:

- Impaired muscle power
- Limb deficiency
- Impaired passive range of movement
- Ataxia, athetosis, and hypertonia

This form must be completed in **English** by a registered **Medical Doctor (M.D.) / Physiotherapist**, preferably with specialization in the athlete's health condition and submitted by the **KFHKCL's specified Non-Governmental Organizations ("NGO") and designated special schools ("School")**.

Submission Requirements

1. First, make sure that you have a valid membership. Then You must send the completed form to the KFHKCL office together with all supporting medical documents. If you are a new member, please submit the membership form by the event deadline, which is the athlete's first classification presentation in a KFHKCL event that allows classification.
2. A KFHKCL Classification Panel will assess the documentation during the classification process.

Important Notes

- The measurement of impairment observed during athlete evaluation **must correspond** to the diagnosis indicated on this form.
- If the provided medical documentation is incomplete, the KFHKCL reserves the right to request further information.
- Until all required information is provided, the athlete **will not** be eligible to undergo Athlete Evaluation.

By ensuring compliance with these guidelines, athletes help maintain fairness and accuracy in the classification process.

NGO/ School Details	
NGO/ School Name:	
NGO/ School Contact Name:	
NGO/ School Contact Email:	

Athlete Information:

Family name: (as shown on passport)			
First name: (as shown on passport)			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (dd/mm/yyyy):	
Country/Region:			
<input type="checkbox"/> New athlete being classified for the first time		<input type="checkbox"/> Athlete has an existing KFHKCL sport class	

Medical Information:

Note: The lists of medical diagnoses shown are examples and are not an exhaustive list.

Eligible Impairment (tick)	Name of medical diagnosis relevant to the impairment type (tick or add)	Documents/evidence to support the diagnosis (tick or add)
<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Charcot Marie Tooth (HSMN) <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medical report <input type="checkbox"/> ASIA scale <input type="checkbox"/> Electromyography <input type="checkbox"/> MRI/CT scan <input type="checkbox"/> X-rays <input type="checkbox"/> Biopsy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Limb Deficiency	<input type="checkbox"/> Dysmelia <input type="checkbox"/> Traumatic amputation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medical report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Other: _____
<input type="checkbox"/> Impaired Passive Range of Movement	<input type="checkbox"/> Arthrogryposis <input type="checkbox"/> Joint contractures <input type="checkbox"/> Trauma <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medical report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Goniometric measures <input type="checkbox"/> Other: _____
<input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia	<input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Stroke <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medical report <input type="checkbox"/> Modified Ashworth Scale <input type="checkbox"/> Cerebral MRI/CT scan <input type="checkbox"/> Other: _____

Medical History:

Athlete's condition is:	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Permanent
Age of Onset (years):			<input type="checkbox"/> Congenital	
Past treatments:				

Current treatments:	
Anticipated future treatments:	
Additional details on medical diagnosis (if required):	
Medications and reason for prescription:	

Certification:

☐ I confirm that the information provided is accurate and has not been edited or altered in any way.

Name:	
Medical Specialty:	
Registration Number:	
Address:	
City:	Country:
Phone:	E-mail:
Date:	Signature:

NGO/School Verification (mandatory): <input type="checkbox"/> I verify my support of this application for this athlete's medical review	
Name:	
Position in NGO/School:	
Signature:	

Please, send this document as a PDF to the KFHKCL.

Please note, that the physically impaired athletes have to perform the kata using wheelchair.