



Medical Diagnostic Form for Wheelchair Athletes (Physically Impaired Athletes)

To be eligible to participate in World Karate Federation (WKF) 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.)**, preferably with specialization in the athlete’s health condition and submitted by the athlete’s **National Member Organization (NMO – National Karate Federation)** or **National Paralympic Committee (NPC)**.

Submission Requirements

1. The completed form, along with supporting medical documentation, must be submitted to the **WKF SportsID** of the athlete at least **6 weeks prior** to the athlete’s first classification presentation at a WKF event licensed for Classification.
2. A WKF 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 WKF 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.

| NMO/ NPC Details | |
|------------------------|--|
| NMO/NPC Name: | |
| NMO/NPC Contact Name: | |
| NMO/NPC 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: | | | |
| <input type="checkbox"/> New athlete being classified for the first time | | <input type="checkbox"/> Athlete has an existing WKF 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"/> Dismelia <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: |

| | |
|---|--|
| NMO/NPC Verification (mandatory): | |
| I verify my support of this application for this athlete's medical review | |
| Name: | |
| Position in NPC/NMO: | |
| Signature: | |

Please, upload this document as a PDF to the athlete's Sportdata profile.
Please note, that the physically impaired athletes have to perform the kata using wheelchair.