



PROVISIONAL CLASSIFICATION **TEST SHEET**

Achieving is Believing.

This form is to be completed for athletes with a physical disability seeking a Paralympics New Zealand (PNZ) class for sport. On returning this form to PNZ a provisional sport specific class will be allocated to the athlete.

Once a provisional class has been allocated PNZ will endeavour to confirm this class within six months by ensuring that a sports specific classifier completes a full classification test on the athlete.

-
- **Sections 1 and 4 must be completed by the athlete.**
 - **Sections 2 and 3 must be completed by a medical professional (doctor, nurse, or physiotherapist) or a PNZ approved assessor.**
 - The assessor should ensure that the form is completed as fully as possible, in particular including a suggested profile. If the form is not completed satisfactorily the form will be returned to the sender.
 - The contents of this form are confidential to PNZ.
 - Athletes with a visual impairment must complete an IBSA Classification Form (contact PNZ for details).
 - Athletes with an intellectual disability must comply with the eligibility criteria of INAS-FID (contact PNZ for details).

SECTION 1 – ATHLETE DETAILS

Name: _____

Address: _____

Suburb: _____

City: _____ Postcode: _____

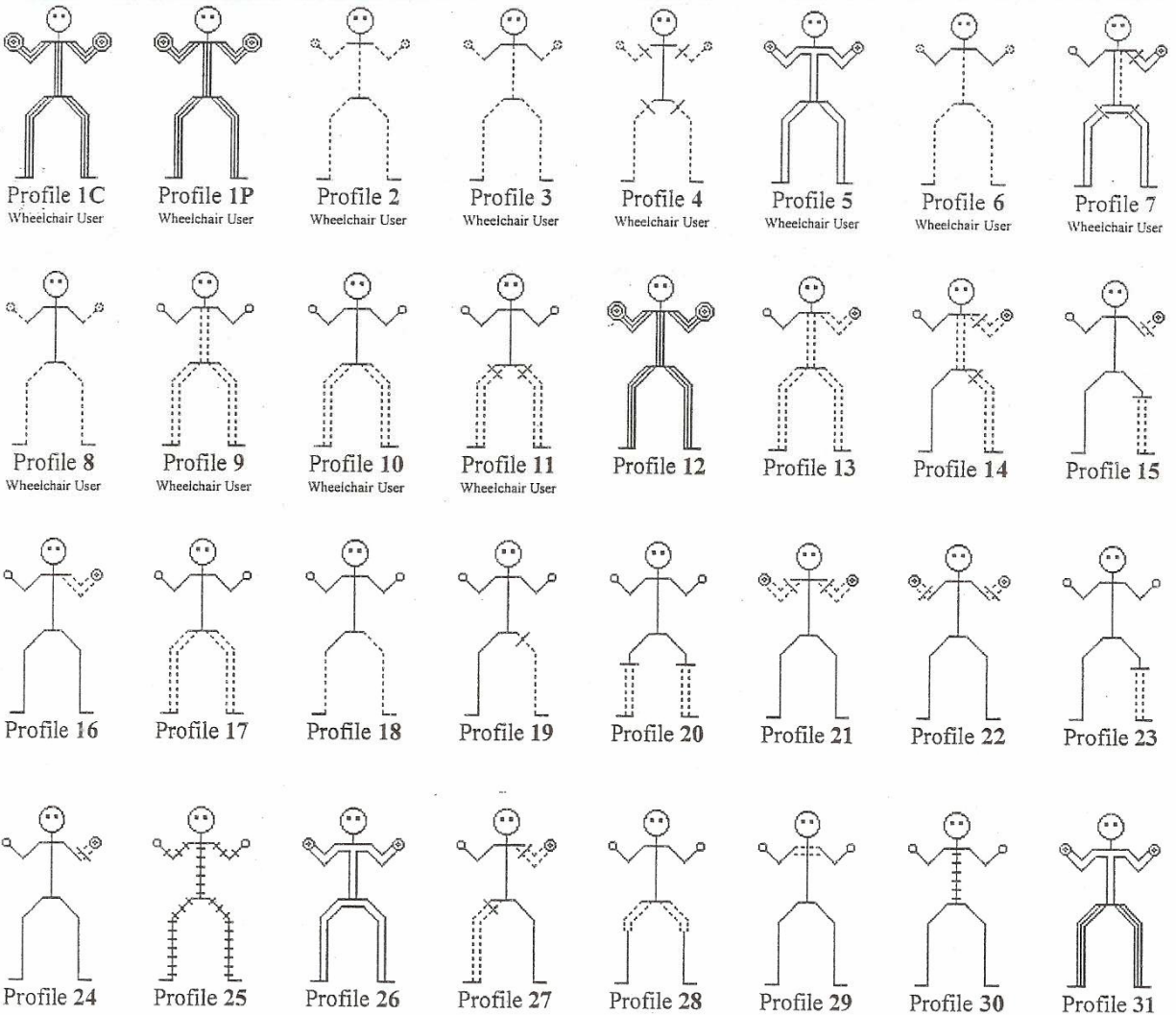
Phone (Hm): () _____ Phone (Wk): () _____

Fax: () _____ Mobile: () _____

Email: _____

Male Female Date of Birth _____

Decide on the nearest illustration using the medical definitions to confirm the choice and note in the Profile Box on page 3. If unsure record the two closest profiles and enter additional information on page 4.



Profile Key

Normal function or minimal disadvantage	Severely incoördinate	Incoördinate	Deformity
Absence of limb	Paresis or incoördinate	Paresis	

MEDICAL DEFINITION:

Profile 1C

Four limbs reduced in function. Severe spasticity or athetosis present in all limbs and trunk. Needs an electric wheelchair or personal assistance in regular daily use.

Profile 1P

Four limbs reduced in function. Severe deformity or paresis present in all limbs and trunk. Needs an electric wheelchair or personal assistance in regular daily use.

Profile 2

Four limbs reduced in function. Severe deformity present in all limbs and trunk. Triceps non-functional against resistance, C5/6 lesion complete.

Profile 3

Four limbs reduced in function. Moderate deformity or paresis present in all limbs and trunk. The finger flexors, extensors and intrinsics may be severely impaired, eg. C6/7 lesion complete.

Profile 4

Four limbs reduced in function. Severe deformity, paresis or absence of all limbs. Trunk less affected. Sensation minimally affected.

Profile 5

Four limbs reduced in function. Moderate spasticity or athetosis present in all limbs and trunk. Can propel chair with difficulty, either with arms or legs.

Profile 6

Four limbs reduced in function. Minimal impairment in upper limbs, severe paralysis or spasticity in lower limbs and trunk. There may be no intrinsic muscles in hands, eg. C8/T1 lesion complete.

Profile 7

Three limbs reduced in function. Severe paresis, spasticity, athetosis, deformity or absence of three limbs. One lower limb may be only moderately affected, but use of a wheelchair is essential. For example, severe hemiplegic unable to walk or take part in sport standing.

Profile 8

Four limbs reduced in function. Minimal paresis, spasticity or paresis upper limbs. Moderate spasticity, paresis or athetosis in trunk and lower limbs. Intrinsic muscles of hand may be severely affected.

Profile 9

Lower limbs and trunk reduced in function. Severe paresis, spasticity, athetosis or deformity in legs and trunk. Unable to balance when sitting unsupported.

Profile 10

Lower limbs reduced in function. Severe spasticity, athetosis, deformity or paresis present in both legs.

Profile 11

Lower limbs reduced in function. Moderate paresis, spasticity, athetosis or deformity in both legs. It may be possible to stand or walk, but competes from a wheelchair and uses the chair for activities of daily life.

Profile 12

Four limbs reduced in function. Severe paresis, spasticity, athetosis or deformity in all four limbs. Able to walk in an unorthodox way, balance and coordination grossly affected.

Profile 13

Three limbs reduced in function. Moderate to severe paresis, spasticity, athetosis or deformity in three limbs. Balance when standing severely affected.

Profile 14

Two unilateral limbs reduced in function. Moderate to severe spasticity, athetosis, paresis or deformity in two limbs on the same side of the body.

Profile 15

Two unilateral limbs reduced in function. Slight to moderate paresis, spasticity, athetosis or deformity in two limbs on the same side of the body.

Profile 16

One upper limb reduced in function. Severe paresis, spasticity, athetosis or total absence of one upper limb.

Profile 17

Two lower limbs reduced in function. Severe paresis, spasticity, athetosis or deformity in both lower limbs, but usually able to walk using two crutches.

Profile 18

Two lower limbs reduced in function. Severe paresis, spasticity, athetosis or absence of lower limb. Moderate to slight impairment in other.

Profile 19

One lower limb reduced in function. Severe paresis, spasticity, athetosis or absence of one lower limb.

Profile 20

Two lower limbs reduced in function. Moderate to slight paresis, spasticity, athetosis or absence of part of two lower limbs.

Profile 21

Two upper limbs reduced in function. Severe paresis, spasticity, athetosis, deformity or absence of both upper limbs.

Profile 22

Two upper limbs reduced in function. Moderate to slight paresis, spasticity, athetosis, deformity or absence of part of both upper limbs.

Profile 23

One lower limb reduced in function. Moderate to slight paresis, spasticity, athetosis, deformity or absence of one lower limb.

Profile 24

One upper limb reduced in function. Moderate to slight paresis, spasticity, deformity or total absence of one upper limb below the elbow.

Profile 25

Four limbs and trunk reduced in stature. Height of 4 foot 3 inches and below (130cm).

Profile 26

Four limbs reduced in function. Moderate to slight paresis, spasticity or athetosis in all four limbs. Gross co-ordination and balance affected.

Profile 27

Two contralateral limbs reduced in function. Severe to moderate paresis, spasticity, athetosis, deformity or absence of opposite arm and leg.

Profile 28

Two lower limbs reduced in function. Severe to moderate paresis in both hips.

Profile 29

Two upper limbs reduced in function. Severe to moderate paresis in both upper limbs.

Profile 30

Trunk reduced in function. Severe to moderate paresis or deformity in trunk or neck.

Profile 31

Four limbs reduced in function. Severe paresis, spasticity, athetosis or deformity in both lower limbs. Slight paresis, spasticity, athetosis or deformity in both upper limbs.

Profile Number

Date of Assessment _____

Diagnosis of Athlete

Additional Information (e.g. Functional limitations)

Assessor's Name _____ Assessor's Signature _____

Assessor's Phone Number (____) _____

Assessor's Profession Doctor Nurse Physiotherapist

SECTION 4 - SPORTS

Please indicate which sports you require a classification for.

- | | | | |
|---------------------|--------------------------|-----------------------|--------------------------|
| Archery | <input type="checkbox"/> | Athletics | <input type="checkbox"/> |
| Boccia | <input type="checkbox"/> | Lawn Bowls | <input type="checkbox"/> |
| Cycling | <input type="checkbox"/> | Equestrian | <input type="checkbox"/> |
| Sailing | <input type="checkbox"/> | Shooting | <input type="checkbox"/> |
| Skiing/Snowboarding | <input type="checkbox"/> | Swimming | <input type="checkbox"/> |
| Table Tennis | <input type="checkbox"/> | Wheelchair Basketball | <input type="checkbox"/> |
| Wheelchair Rugby | <input type="checkbox"/> | | |

_____ For Official Use Only: Enter Provisional Sport Specific Class

ARC	ATH	BOC	LBS	CYC	EQU	SAI	SHO	SKI	SWI	TT	WB	WR

Please return this form to
Classification Coordinator, Paralympics New Zealand
PO Box 99178, Newmarket, Auckland
Tel. (09) 526 0760, Fax. (09) 526 0762, Email. info@paralympics.org.nz
www.paralympics.org.nz