

**LISTA DE DISTRIBUIÇÃO:**

- CLUBES ASSOCIADOS
- ASSOCIAÇÕES REGIONAIS
- ANT REMO

Lisboa, 2019-01-07

Circular Nº 01/2019

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**Assunto:** Workshop FISA de classificadores desportivos de atletas de remo adaptado

Caros Associados,

Na sequência da informação enviada na Circular 31/2018, sobre o Workshop FISA de classificadores desportivos de atletas de remo adaptado, cabe-nos informar que foi adiado uma semana por impedimento de um dos formadores. Assim, a nova data é 23 e 24 de Fevereiro, mantendo-se o local nas nas instalações do Clube Naval Infante Dom Henrique em Valbom.

Reforçamos a necessidade de termos atletas do remo adaptado disponíveis para serem classificados. Como dissemos anteriormente, os atletas da categoria LTAI (deficiência intelectual) não são elegíveis para classificação no contexto da FISA.

Apelamos aos clubes que têm atletas de remo adaptado elegíveis para classificação FISA que os convidem a participar neste workshop, de extrema importância para o remo adaptado em Portugal.

Junto enviamos, em anexo, um formulário que deverá ser preenchido pelos atletas que pretendam participar neste Workshop, até ao dia 22 de Janeiro.

Agradecemos que nos informem de quais atletas pretendem submeter ao processo de classificação FISA para tentarmos garantir o mais cedo possível que temos efectivamente os 10 atletas necessários para o funcionamento do Workshop.

Gratos pela atenção dispensada, com os melhores cumprimentos.

O Presidente



Luís Ahrens Teixeira



## MEDICAL REPORT FOR ATHLETES WITH A PHYSICAL IMPAIRMENT

This form is required to report an athlete's physical impairment in accordance with the International Rowing Federation (FISA) Classification Regulations for Para-Rowing.

It must be completed in full and signed by a registered or licensed physician. Please complete this form by printing legibly in ENGLISH.

The completed form with any attachments must be submitted by email from the NF on behalf of the athlete to the FISA Head of Classification:

[classification@fisa.org](mailto:classification@fisa.org)

In order to properly classify athletes, this form must be completed in full and be submitted with any required or useful additional test results, at least 30 days prior to classification. Without this properly completed form, athletes may not be eligible to be classified.

### 1. ATHLETE INFORMATION

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Gender: Female  Male  Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

National Federation: \_\_\_\_\_

## 2. MEDICAL INFORMATION

Taking into consideration that to be eligible for Para-Rowing, an Athlete must have an impairment that is the direct result of a health condition which has resulted in a **permanent and verifiable activity limitation**:

Health Condition (Diagnosis) ICD-9 Code(s): \_\_\_\_\_ or ICD-10 Code(s): \_\_\_\_\_

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Date of Onset of Health Condition: \_\_\_\_\_ Athlete's Age at Onset: \_\_\_\_\_

### Impairments

Check the box/es below to indicate which impairment type/s the athlete has that lead/s to a permanent and verifiable activity limitation.

Permanent and Verifiable Impairment Type	Examples of health condition (diagnosis) likely to cause such impairment	Additional supporting tests/documentation that are mandatory and must be presented with this document (*) or must be presented upon request
<input type="checkbox"/> Impaired Muscle Power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb's palsy, polio, spina bifida, Guillain-Barre syndrome	Manual muscle test results* EMGs; nerve conduction velocity
<input type="checkbox"/> Impaired Range of Movement	Arthrogryposis, ankylosis, post burns, joint contractures	Goniometric measurements*; x-rays;
<input type="checkbox"/> Limb deficiency	Amputation resulting from trauma or congenital limb deficiency	Photograph of affected limb*
<input type="checkbox"/> Hypertonia	Cerebral palsy, stroke, brain injury, multiple sclerosis	Manual muscle test results, Coordination testing, MRI, EMG
<input type="checkbox"/> Ataxia	Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	Manual muscle test results, Coordination testing, MRI, EMG
<input type="checkbox"/> Athetosis	Cerebral palsy, stroke, brain injury	Manual muscle test results, Coordination testing, MRI, EMG
<input type="checkbox"/> Vision Impairment	Myopia, tunnel vision, scotoma, retinitis pigmentosa, glaucoma, congenital cataract, macular degeneration	Complete VI medical diagnostics form*. (see link at <a href="http://www.worldrowing.com">www.worldrowing.com</a> )

Rower Name \_\_\_\_\_ National Federation \_\_\_\_\_

Summary of Medical History

Future Possible Medical Procedures related to presented impairment and health condition:

All Medications (Prescribed and Over the Counter):

Allergies:

**3. PLEASE ATTACH ANY RELEVANT DIAGNOSTIC TESTS**

Rower Name \_\_\_\_\_ National Federation \_\_\_\_\_

#### 4. MEDICAL PRACTITIONER DECLARATION

<input type="checkbox"/>	<b>I certify that the above-mentioned information is medically appropriate</b>		
Name:	_____		
Medical Speciality:	_____		
Registration Number:	_____		
Address:	_____		
City:	_____	Country:	_____
Tel.:	_____	E-mail:	_____
Signature of Medical Practitioner:	_____		
Date:	_____		

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**It is the responsibility of the Athlete to submit a copy of this Medical Diagnostics Form and all relevant documentation to the appropriate National Federation. It is the responsibility of the National Federation to submit this Medical Diagnostics Form and all relevant documentation to the FISA Head of Classification at least 30 days prior to classification.**