



Para-Shooting Provisional Classification and Medical Diagnostics Form

Classification is an assessment process, grouping athletes whose impairment causes similar limitations in a particular sport in order to allow for fair competition. Classification is not required for recreational or social involvement in sport.

This form can be used for:

- **Provisional level classification:** an entry level process that allows athletes new athletes or athletes who do not have access to National level (face to face) classification to gain an indication of their eligibility and sport class; and
- **Medical Diagnostics Form:** Collecting the required Medical Information before attending National level (face to face) classification.

Steps to Completing the Form

1. Complete SECTION 1: Athlete details and consent

The athlete (or parent/guardian if under 18 year of age) completes the athlete details and agrees to the terms in the consent form in SECTION 1 (attached). If the athlete will be attending face to face classification with a representative that is not a parent/legal guardian, they **MUST** also sign the consent form.

2. Complete SECTION 2: Medical Information and SECTION 3: Medical Assessment

Athletes are to request their medical doctor to fill in SECTION 2 and SECTION 3 and Medical Professional Declaration.

SECTION 2: Medical Information is to be completed for ALL athletes.

SECTION 3: Medical Assessment is to be completed only for those athletes seeking a provisional classification.

If an athlete has difficulty accessing an Medical doctor to complete the form then:

- A medical report from within the last five years that states the diagnosis, medical history, medications and other information that is included on this form, this may be submitted in place of SECTION 2 of this form.
- The form may also be completed by a physiotherapist. However, a copy of a document from a Medical Doctor that confirms their diagnosis is requested to also be submitted with the form.

3. Athlete to return this form to Shooting Australia via

office@shootingaustralia.org

Additional documentation may be attached to the email.

An athlete cannot be classified unless they present with all the information below, either by way of this form or updated medical report/s.

- Athletes seeking a Provisional level classification will be informed of the classification outcome via email. Please allow at least 2 months for this process to be completed.
- Athletes seeking a National level (face to face) classification will be contacted by Shooting Australia with the required details to arrange a National level (face to face) classification appointment or with a request for additional documents if these are required.



**Para-Shooting
Provisional Classification and Medical Diagnostics Form**

SECTION 1: Athlete Details and Consent

Surname:		First Name:	
Address:			
Suburb:		State:	Postcode:
Phone:			
Sex: <input type="checkbox"/> Male		<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of Birth:		Email:	

I wish to (tick which applies):

- Obtain a Provisional level classification: or**
- Submit my Medical Diagnostics form so that I can attend a National level (face to face) classification.**

Classification Requested (tick which applies):

- Pistol
- Shotgun
- Rifle

Evaluation Consent Form

(Athlete and guardian/representative to Complete)

I acknowledge the following:

- 1) I understand that this athlete evaluation process is for the purposes of entry level Australian domestic competition only. National level competition requires a full national level classification and international level competition requires an international classification. Any future classification outcomes may vary to and will supersede this outcome.
- 2) My consent covers the period from the point of signing this form through to completion of the provisional or national level classification process, whichever applies to me.
- 3) I understand that this process may require me to participate in sport-like exercises or other physical activities. I understand that there is a risk of injury in participating in such exercises and activities. I confirm that I am healthy enough to participate.
- 4) I understand and agree to provide medical diagnostic documentation to enable Shooting Australia to determine whether I comply with the classification eligibility requirements outlined in the Shooting Australia Classification Rules.
- 5) I understand that if I fail to comply with any request made by Shooting Australia for the purposes of allocating to me a sport class then the process may be suspended without a class being allocated to me and therefore I may not be allowed to compete until a class is allocated to me.



Para-Shooting Provisional Classification and Medical Diagnostics Form

- 6) I understand that classification requires me to give a truthful representation and demonstration of my skills, abilities and the degree and nature of my impairment. I understand that any intentional misrepresentation of my skills, abilities, nature or the degree of my impairment during or following the classification by me or my representative may result in me and/or my representative facing disciplinary action by Shooting Australia.
- 7) I understand that classification is a judgment process. I agree to abide by the judgment of Shooting Australia. If I do not agree with the decision of the classification panel, I agree to abide by the process outlined in the Shooting Australia Classification Rules.
- 8) I, and my representative, agree to be videotaped, audio recorded and/or photographed during the Athlete Evaluation process by the classifiers or other appointed officials and that this may include my activity on and off the field of play during competition. I understand and acknowledge that any other photography, audio, or visual recording of the classification process by me or my representative is strictly prohibited.
- 9) I agree to advise Shooting Australia should I have any change in impairment or medical intervention that may impact the class allocated to me following classification through the Medical Review process. I understand that failure to do so may be considered Intentional Misrepresentation.
- 10) I agree and consent to Shooting Australia to collect, process and store my personal and classification data in any format for the sole purposes of classification, including my personal information, my sport class, sport class status, classification assessment documentation (including any videos or photographs) and medical documentation.
- 11) I understand that my classification data may be transferred to the relevant Shooting Australia medical personnel, if upon review of medical diagnostic information or throughout the athlete evaluation process, it is considered that my medical condition or the condition of others could be at risk if I participate in Para-Shooting.
- 12) Upon completion of classification, I understand and agree that:
 - My classification data will be stored confidentially on Shooting Australia owned or contracted server I have requested a classification for.
 - Relevant information about my classification may be shared with third parties for purposes of classification and to facilitate my participation in competitions (including Shooting Australia classifiers and classification personnel, Paralympics Australia, World Shooting Para-Sport and the IPC).
 - My name, year of birth, sex, state, sport class, and sport class status will be published by Shooting Australia as a part of the Shooting Australia Classification Masterlist on the Shooting Australia website and shared with third parties such as competition organisers.
 - My personal data will not be used in any other way to which I provide express consent. It will not be kept beyond the purposes it is required, unless it is anonymised and/or there is a legal purpose for retaining it. It will be deleted when it is no longer required for classification purposes.



**Para-Shooting
Provisional Classification and Medical Diagnostics Form**

13) I understand that I have the following rights during classification:

The right to withdraw

My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. I understand that if I withdraw from the classification process I will not be able to be classified and may no longer have a recognised sport class for Shooting Australia competition.

The right to safety

I have the right to be treated with respect, dignity and be protected from bullying, discrimination, harassment or abuse.

The right to challenge a classification decision or process

The process for disputing any decision or process will follow the procedures outlined in the

Shooting Australia Classification Rules.

The right to my personal classification data

I understand I have the right to access any classification data held by Shooting Australia. I have the right to request correction or deletion of the classification data held. I understand that deletion of my classification data will mean I no longer have a recognised sport class and will be unable to compete in that Para-Sport. Questions related to the use of my personal classification data can be directed to Shooting Australia via office@shootingaustralia.org.

14) Release of claims

I agree to waive my rights to make any claim against the classifiers, Shooting Australia or anyone who might then claim against the classifiers or Shooting Australia, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to my classification procedure. I agree to fully indemnify Shooting Australia and the classifiers should any claim be made against them in any way related to my classification.

Please tick as appropriate:

I wish to assist Shooting Australia in developing the classification system and therefore allow my data collected during classification, including any video material supplied by me to be used for classification educational purposes by Shooting Australia. I understand that I may withdraw this consent at any time.

ATHLETE CONSENT DECLARATION:	
Athlete Name:	
Signature of Athlete:	Date:
ATHLETE REPRESENTATIVE CONSENT DECLARATION:	
I understand the provisions of this Consent Form as they apply to me and to Athlete for whom I am the representative and I personally consent to abide by such provisions as a representative. If the athlete is under 18 or I am the athlete's legal guardian, my consent is also on behalf of the athlete themselves.	
Athlete Representative Name (parent/legal guardian is mandatory if athlete is under 18 years of age):	
Signature Athlete Representative:	Date:



**Para-Shooting
Provisional Classification and Medical Diagnostics Form**

SECTION 2: MEDICAL INFORMATION - TO BE COMPLETED FOR ALL ATHLETES by Medical doctor or physiotherapist													
Athletes Medical Diagnosis:													
Part of the body affected: (Tick and describe those that apply)	Leg/s <input type="checkbox"/> L: <input type="checkbox"/> R:												
	Trunk:												
	Arm/s <input type="checkbox"/> L: <input type="checkbox"/> R:												
Medical condition is: (Tick which applies) <input type="checkbox"/> Permanent <input type="checkbox"/> Stable and unlikely to change <input type="checkbox"/> Fluctuating <input type="checkbox"/> Likely to change and recommended review in _____ years													
Year of onset: _____ (yyyy)	<input type="checkbox"/> Congenital (birth)												
Eligibility To be eligible for Para-Shooting an athlete must present with one of the following impairment/s and it be associated with the Medical diagnoses: (tick all that apply) <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Leg length difference: Difference between legs measured from the ASIS to the distal tip of the medial malleolus. Measurement:cm													
Regular Medication- list dosage and reason													
Presence of additional medical conditions/diagnoses (non-eligible impairment types): <table style="width: 100%;"><tr><td style="width: 50%;"><input type="checkbox"/> Vision impairment</td><td><input type="checkbox"/> Intellectual impairment</td></tr><tr><td><input type="checkbox"/> Hearing impairment</td><td><input type="checkbox"/> Psychological diagnoses</td></tr><tr><td><input type="checkbox"/> Impaired respiratory function</td><td><input type="checkbox"/> Impaired metabolic function</td></tr><tr><td><input type="checkbox"/> Joint hypermobility/ instability</td><td><input type="checkbox"/> Impaired cardiovascular function</td></tr><tr><td><input type="checkbox"/> Impaired muscle endurance</td><td><input type="checkbox"/> Pain</td></tr><tr><td><input type="checkbox"/> Other: _____</td><td>(e.g., Chronic fatigue, Asthma, Epilepsy)</td></tr></table>		<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Intellectual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Psychological diagnoses	<input type="checkbox"/> Impaired respiratory function	<input type="checkbox"/> Impaired metabolic function	<input type="checkbox"/> Joint hypermobility/ instability	<input type="checkbox"/> Impaired cardiovascular function	<input type="checkbox"/> Impaired muscle endurance	<input type="checkbox"/> Pain	<input type="checkbox"/> Other: _____	(e.g., Chronic fatigue, Asthma, Epilepsy)
<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Intellectual impairment												
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Psychological diagnoses												
<input type="checkbox"/> Impaired respiratory function	<input type="checkbox"/> Impaired metabolic function												
<input type="checkbox"/> Joint hypermobility/ instability	<input type="checkbox"/> Impaired cardiovascular function												
<input type="checkbox"/> Impaired muscle endurance	<input type="checkbox"/> Pain												
<input type="checkbox"/> Other: _____	(e.g., Chronic fatigue, Asthma, Epilepsy)												
Walking skills	<input type="checkbox"/> Walks without aids <input type="checkbox"/> Walks with aids/assistance <input type="checkbox"/> Unable to walk												
Wheelchair Use	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Manual <input type="checkbox"/> Powerchair												



**Para-Shooting
Provisional Classification and Medical Diagnostics Form**

SECTION 3 Medical Assessment (For Provisional Level Classifications only)

3a TRUNK (tested in sitting) - Complete for all athletes

Can Athlete sit without a back support and lift arms above their head and maintain their balance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Athlete sit back up from forward flexion (resting trunk on legs) without using their hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Athlete move outside of base of support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Athlete rotate trunk with both arms outstretched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can athlete side bend to touch floor with control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other comments:	

3b For athletes with IMPAIRED MUSCLE POWER or IMPAIRED PASSIVE RANGE OF MOVEMENT (eg spinal cord or nerve injury, joint restrictions)

Upper limbs		Muscle Strength (Grade 1-5 MRC)*		Passive Range of Movement (degrees)	
		RIGHT	LEFT	RIGHT	LEFT
Shoulder	Flexion				
	Extension				
	Abduction				
	Adduction				
	Horizontal Adduction				
	Internal Rotation				
	External Rotation				
Elbow	Flexion				
	Extension				
	Supination				
	Pronation				
Wrist	Flexion				
	Extension				
Fingers	Flexion				
	Extension				
Thumb	Opposition				
	Extension				

Para-Shooting Provisional Classification and Medical Diagnostics Form

Lower limbs		Muscle Strength (Grade 1-5 MRC)*		Passive Range of movement (degrees)	
		RIGHT	LEFT	RIGHT	LEFT
Hip	Flexion				
	Extension				
	Abduction				
	Adduction				
Knee	Flexion				
	Extension				
Ankle	Dorsiflexion				
	Plantarflexion				
	Inversion				
	Eversion				
*MRC Scale					
0	No muscle contraction is visible				
1	Muscle contraction is visible/palpable but there is no movement of the joint				
2	Active joint movement is possible with gravity eliminated				
3	Movement can overcome gravity but not resistance from the examiner				
4	The muscle group can overcome gravity and move against some resistance from the examiner				
5	Full normal power against resistance				

3c For athletes with HYPERTONIA/SPASTICITY		
Spasticity Score	Left	Right
Upper limb		
Lower limb		
0	No catch on Rapid Passive Movement (RPM) i.e., no spasticity	
1	Catch occurs on RPM followed by release. There is no resistance to RPM throughout rest of range	
2	Catch occurs in second half of available range during RPM and is followed by resistance throughout remaining range	
3	Catch occurs in first half of available range (up to and including halfway point) during RPM and is followed by resistance through the remaining range	
4	When attempting RPM, the body part appears flexed by moves on slow passive movement	



**Para-Shooting
Provisional Classification and Medical Diagnostics Form**

Medical Professional Declaration

NOTE: if this section is completed by a Physiotherapist a copy of a letter or report from the athletes medical specialist (a Doctor) is also requested to confirm the athletes diagnosis

Full Name:		
Qualifications:		
Business address:		
Suburb:	State:	Postcode:
Email:		
<input type="checkbox"/> I certify that the above-mentioned information is accurate		
Signature:		Date:
<input type="checkbox"/> If additional medical documentation/reports will be submitted along with this application, please tick here.		

Office Use only:

Consent form signed: <input type="checkbox"/> YES	
Athlete provided with Provisional Outcome Form (where applicable): DATE:	
Documentation shared with classifiers for Eligibility Assessment: <input type="checkbox"/> YES	DATE:
Shooting Australia Representative Name:	DATE: