**CLASSIFICATION SCREENING FORM**

**Dear Athlete / Coach**,

**International Classification** is usually done at a WTF-recognized competition by a panel of classifiers including medical and technical classifiers (contact WTF at para-tkd@wtf.org for more specific information).

This form is a guide to collect the information needed for **Classification Screening**. The information you provide here will help us determine whether you meet the Minimum Impairment Criteria (MIC) or not for competitions in K40 or P30 classes.

You are required to complete ALL of the sections below.

**Classification Information (IN BLOCK LETTERS)**

|  |  |
| --- | --- |
| Name |  |
| Country |  | Gender |  M ☐ F ☐ |
| E-mail |  | Date of Birth: |  |
| GAL No. |  |

**Type of Impairment**

|  |
| --- |
| Please fill out |
| Neurological ☐ | Physical ☐ | Amputation ☐ | Orthopedic ☐ |
| Date of impairment happened: |  |

**Details of impairment**

|  |
| --- |
|  |

**Brief Medical History**

|  |
| --- |
|  |

**List of Medication**

|  |
| --- |
|  |

**Other relevant information**

*Braces / Orthotics / Other*

|  |
| --- |
|  |

**Surgeries**

|  |
| --- |
|  |

**Allergies**

|  |
| --- |
|  |

Attach photos/videos of impairment and any relevant medical documentation **translated to English** - this will be destroyed when the process is complete.

https://youtu.be/SfGJljAmmEI

**Please be advised that sending this form and attachment to the WTF will not replace classification at a competition. This process will only add in the placing of an athlete for competition.**