



PANAMERICAN KARATE FEDERATION
Federacion Panamericana de Karate

*Recognized by the World Karate Federation (WKF)
and Panamerican Sports Organization (PASO){ODEPA}*

Medical Diagnostic Forms for Athletes with Intellectual Impairments

To be eligible for World Karate Federation (WKF) or the Panamerican Karate Federation (PKF), an athlete must have an underlying medical diagnosis (Health Condition) that results in a permanent and eligible impairment. The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below. This form **must be completed by a registered Medical Doctor, BEFORE coming to the tournament.**

Medical Diagnostic Form will be sent together with the Intellectual Assessment and Diagnostic Report via email to: **karate@fibertel.com.ar**

The WKF/PKF holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until the requested information is provided.

Athlete Information

Last Name:	Country:
First Name:	
Gender: Female Male	Date of Birth: (dd /mm/year)

Medical Information: (to be complete by a registered Medical Psychologist, MD)

(Please circle)

Significant impairment in intellectual functioning (see guidelines for intellectual assessment below)	YES	NO
Significant limitations in adaptive behavior as expressed in conceptual, social and practical skills (see guidelines for intellectual assessment below)	YES	NO
Intellectual disability evident during the developmental period, which is from conception to 18 years of age	YES	NO

Diagnostic Report to be attached.



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Evidence to support the above diagnosis MUST be attached for all athletes:

Psychologist must **provide a narrative report that must be no more than 5 years old** that includes:

- IQ assessment
- Adaptive behavior assessment
- Age of onset before the age of 18

The WKF/PKF reserves the right to require additional information, if needed.

____ **I certify that the information on this form is correct.**

Doctor's Name:	Medical specialty:
Medical License/Registration number:	
Address:	City:
Country:	Telephone:
Email:	

Medical Psychologist's Signature: _____ Date: _____

Please email all documents to karate@fibertel.com.ar