Certificate of Diagnosis for National Para Equestrian Classification

The person named below is required to undergo National Para Equestrian Classification to compete at national level of their chosen sport. During the classification process the approved Classifier (physiotherapist announced by the British Equestrian, BEF) will assess their physical impairment as relevant to the requirements for riding a horse. To assist the classification assessment process, a confirmation of the medical diagnosis is required. In some instance, a copy of a report from a medical specialist e.g. neurologist, will be required.

Athlete's Details (to be completed by the Athlete applying for classification – please print)

First Name		Family Name	
Gender		Date of Birth	
Address			
City		Postcode	
Telephone Number		Mobile number	
I hereby consent to the information below being released to the BEF for the purpose of Para-Equestrian Classification.			
Signature		Date	

Medical Details (This section to be completed by a **Doctor of Medicine only with a current license to practice in the UK** – please print clearly). Please attach a separate sheet or report if insufficient space.

Guidelines for the medical practitioner completing this form:

Requirements

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for National Para Equestrian Competition.

This medical information should provide the results of medical test and investigations which demonstrate that the Athlete has a diagnosis of a medical condition which leads to their presenting physical impairments.

It is not necessary to supply a report stating the symptoms such as weakness, pain, lack of sensation, inability to walk or perform certain actions. These limitations are assessed during the Athlete Evaluation process by the accredited Classifier.

Example 1 – a person with Multiple Sclerosis will have had various tests, for example MRI scans, during the investigation to find the cause of the symptoms. The results of the tests and the report form the neurologist clearly stating the full diagnosis is required.

Example -2 a person with a peripheral nerve damage and/or muscle weakness or paralysis is required to provide results of a never conduction test and other relevant investigations including a summary report from a neurologist or a neurophysiologist.

Name of the Applicant	
Diagnosis	

Test results to support the above diagnosis e.g. MRI, CT, Muscle biopsy, nerve conduction.	
Other relevant factors e.g. Epilepsy, Diabetes, and Heart Disease.	

I hereby certify that I have followed this patient for ____ years and that the above named patient has the diagnosis specified above. Please print:

Doctor's Name		Stamp of medical practitioner:
Address		
Date		
Signature		

N.B. Information disclosed on this form will be dealt with confidentially by BEF and where applicable RDA, BS and BD and in accordance with the IPC Code of Ethics for Classification.

The BEF is committed to being transparent about how it collects and uses the data, including sensitive personal data such as your medical details, and to meeting its data protection obligations. Please find attached the BEF's privacy notice which sets out in more detail how your personal data is collected and processed.