



ANNEX 3

CLASSIFICATION CARD

Page to be filled, dated and signed by the classification board.

NAME, Surname: _____

Bib number: _____

Medical Director:

Medical ability for flying:

Yes No

Impairment(s) eligibility for competition:

Yes No

- Impaired Muscle Power
- Impaired Passive Range of Movement
- Limb Deficiency
- Leg Length Difference
- Short Stature
- Hypertonia
- Ataxia
- Athetosis

Classification Board:

	1	
	2	
3		
	4	
	5	

Comment: _____

- By analogy
- By extention

1st intermediate coefficient: _____

Date and signature of the medical director: ___ / ___ / _____

	1	
	2	
3		
	4	
	5	

Comment: _____

- By analogy
- By extention

2nd intermediate coefficient: _____

Date and signature of the 1st advisor: ___ / ___ / _____

Summary comment: _____

Final coefficient: _____

Date and signature of the 2nd advisor: ___ / ___ / _____