

# MDF (Medical Diagnostics Form) 作成の手引き

2017/8/2 JPAクラス分け委員会作成

2017年シーズンから、国際クラス分けを受ける必要がある選手については、World Para Athletics に登録する際に「Medical Diagnostics Form (以下、MDF)」を添付することが義務づけられました。  
下記にしたがって、作成をお願いします。

## <MDF の提出が必要な選手>

国際クラスステータスが以下に該当する者

1) New : N      2) Review : R

3) Fixed Review Data○○○○ (西暦) : FRD○○○○

※登録年度と同じ数字が割り当てられている者に限る。FRD2017のものはMDFが必ず必要

4) クラス分けマニュアルの変更等に伴いステータス R に変更となった者

## <注意事項>

- MDF は、Para Athletics に参加する資格を有しているかを証明する重要な書類の一つです。かかりつけ医もしくは、専門医に相談の上、必要な検査を実施したうえで作成をお願いします。
- MDF (原本) に加え、次ページ以降に掲載してあります「肢体用」または「視覚用」の記載例を印刷し担当医にお渡しすることをお勧めします。
- MDF の記載内容とご自身の障がい状況や国際クラス分け時の問診に対する返答などに齟齬が生じると「正確なクラス分けが実施できない」という事でクラス分けが中止になる恐れがあります。したがって、MDF の記載内容については作成医師より説明を受けご自身も十分ご理解ください。
- 障がいの原因となっている部位を証明するための医学的資料 (レントゲンや CT、MRI 等) も MDF と共にご提出ください。
- 通常、診断書の作成のためには数日から 4 週間程度の時間 (病院によって異なる) が必要となりますので、余裕をもってご準備ください。
- かかりつけ医や近隣の医療機関での MDF の作成が困難である場合や、何か不明な点がある場合などは、JPA 事務局までご相談ください。

## <MDF の書式の入手方法>

World Para Athletics ホームページ内の

<Classification> - <RULES & REGULATIONS> タグ内

VI Medical Diagnostics Form : 視覚障がい用

PI Medical Diagnostics Form : 肢体障がい用

URL : <https://www.paralympic.org/athletics/classification/rules-and-regulations>



International  
**Paralympic**  
Committee

## 肢体障がい用MDF作成の手引き

### Medical Diagnostics Form for athletes with physical impairment

The form must be completed in English by a registered medical doctor (M.D.) with a specialization in the appropriate medical field dealing with the Athlete's Health Condition.

The completed form with attached medical documentation must be uploaded to the athlete's SDMS profile upon registration of the athlete to the SDMS. This applies for all athletes with physical impairment competing in [Para Sport]. Depending on the athlete's health condition and impairment, additional medical information is to be attached to this form (see page 2).

#### Note

The measurement of impairment seen during athlete evaluation must correspond to the diagnosis indicated below. If the medical documentation is incomplete, [Para Sport] holds the right to request further information. In absence of such information, the athlete will not be able to proceed with Athlete Evaluation.

#### Athlete Information

(to be prepopulated by the NPC)

※すべて英語で記入してください

姓 Family name:			
名 Given name:			
Gender: 性別	<input type="checkbox"/> Female 女性 <input type="checkbox"/> Male 男性	Date of Birth:	生年月日 日/月/西暦の順で記入 dd/mm/yyyy)
NPC: 国名	JAPAN	SDMS ID:	
<input type="checkbox"/> The athlete's Sport Class Status is New		<input type="checkbox"/> The athlete's Sport Class Status is Review	

現在のクラスステータスを選択してください。

New : 過去、国際クラス分けを受けた事がない選手。クラスステータスがNewである選手

Review : 過去、国際クラス分けを受けた事がある。クラスステータスがReviewである選手

※選手自身にご確認いただくか、不明な場合はJPA事務局までお問い合わせ下さい。

International Paralympic Committee

Adenauerallee 212-214 Tel. +49 228 2097-200  
53113 Bonn, Germany Fax +49 228 2097-209

[www.paralympic.org](http://www.paralympic.org)  
[info@paralympic.org](mailto:info@paralympic.org)



対象者の機能障害について該当する項目に✓をご記入ください。また、この書類に添付する機能障害を証明する医学的資料に✓をご記入の上、該当資料を対象者にお渡してください。  
 ※最近の傾向として、医学的資料の不足によりクラス分けが実施されないケースが生じています。  
 可能な限り医学的資料をご準備いただきますようお願いいたします。

### Medical Information

*Note: The list of medical diagnoses shows examples and is not exhaustive.*

Eligible Impairment (tick)	Name medical diagnosis relevant to impairment type (tick or add)	Documents to support the diagnosis (tick or add)
<input type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Polio Myelitis <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> ASIA scale <input type="checkbox"/> Electromyography <input type="checkbox"/> MRI <input type="checkbox"/> X-rays <input type="checkbox"/> Biopsy <input type="checkbox"/> Other _____
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Arthrogyriposis <input type="checkbox"/> Joint Contractures <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Goniometric measures of joint limitations
<input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Stroke <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> Modified Ashworth Scale <input type="checkbox"/> Cerebral MRI or TC scan <input type="checkbox"/> Other _____
<input type="checkbox"/> Leg length difference	<input type="checkbox"/> Trauma <input type="checkbox"/> Dismelia <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays <input type="checkbox"/> Photograph <input type="checkbox"/> Other _____
<input type="checkbox"/> Short stature	<input type="checkbox"/> Achondroplasia <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Growth Hormone Dysfunction <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays <input type="checkbox"/> Photograph <input type="checkbox"/> Other _____
<input type="checkbox"/> Limb deficiency	<input type="checkbox"/> Dismelia <input type="checkbox"/> Traumatic Amputation <input type="checkbox"/> Bone Cancer <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs <input type="checkbox"/> Other _____



Medical history:	安定的	進行性	変動的	永続的
Athlete's condition is:	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Permanent
Age of onset:	発症日・受傷日（西暦で記入） <sub>(yyyy)</sub>		<input type="checkbox"/> Congenital 先天性	
Past treatments:	これまでの治療内容 これまでに行なわれた手術や治療経過についてご記入ください			
Current treatments:	現在の治療内容 現在の治療内容についてご記入ください			
Anticipated future treatments:	今後の治療予測 今後行われる手術や治療内容についてご記入ください			

**Additional details on medical diagnosis (if needed):**  
**医学的診断の詳細（必要時）：**  
 Medical Informationで選択した障がい種類の詳細な状況や複数の障がい種類を持っている場合、複雑な障がい状況を呈している場合などに詳細状況についてご記入ください。

**Medications and reason for prescription:**  
**薬剤と処方理由：**

上記情報が間違いないものであることを保証される場合、下の口にチェックをお入れください

<input type="checkbox"/> I confirm that the above information is accurate.	
Name:	
Medical Specialty: 診療科目：	
Registration Number: 登録番号：	
Address:	
City:	Country: JAPAN
Phone: +81に続き局番の先頭0を省いた電話番号をご記入ください	E-mail:
Date: 日/月/西暦 でご記入ください	Signature: 直筆でのご署名をお願いします

視覚障がい用  
MDF記載例

Medical Diagnostics Form  
for athletes with visual impairment

The form is to be completed in English and by a registered ophthalmologist.  
All medical documentation required on pages 2-3 needs to be attached.  
The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

**Athlete Information**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Gender: Female  Male  Date of Birth: \_\_\_\_\_  
Sport: 競技名 \_\_\_\_\_ IF registration ID  
NPC/NF: \_\_\_\_\_ (if applicable): \_\_\_\_\_  
空欄で可

**Medical Information**

Diagnosis:

--

Medical history:

発症が不詳でも何歳と確認して記載する。極力unknownは避ける。

Age of onset: \_\_\_\_\_  
Anticipated future procedure(s): \_\_\_\_\_  
Athlete wears glasses:  yes  no Correction: Right: \_\_\_\_\_  
使用していれば度数を記載 Left: \_\_\_\_\_  
Athlete wears contact lenses:  yes  no Correction: Right: \_\_\_\_\_  
Left: \_\_\_\_\_  
Athlete wears eye prosthesis:  right  left

Medication:

Eye medications used by the athlete:	
Ocular drug allergies:	

Athlete:

### Assessment of visual acuity and visual field

#### Visual Acuity

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: \_\_\_\_\_

Measurement Method: \_\_\_\_\_

Visual Field: GPでは / 4 eの測定が必要

In degrees (radius)	Right eye	Left eye

### Attachments to the Medical Diagnostic Form

#### 1. Visual field test

For all athletes with a restricted visual field a visual field test must be attached to this form.

The athlete's visual field must be tested by full-field test (120 degrees) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

#### 2. Additional medical documentation

Please specify which eye condition the athlete is affected by.

Eye condition	Additional medical documentation required (see below)
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none"><li>▪ Macular OCT</li><li>▪ Multifocal and/or pattern ERG*</li><li>▪ VEP*</li><li>▪ Pattern appearance VEP*</li></ul>
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"><li>▪ Full field ERG*</li><li>▪ Pattern ERG*</li></ul>
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"><li>▪ OCT</li><li>▪ Pattern ERG*</li><li>▪ Pattern VEP*</li><li>▪ Pattern appearance VEP*</li></ul>
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"><li>▪ Pattern VEP*</li><li>▪ Pattern ERG*</li><li>▪ Pattern appearance VEP*</li></ul>

Athlete:

The ocular signs must correspond to the diagnosis and degree of vision loss. If eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

**\*Notes on electrophysiological assessments (VEPs and ERGs):**

Where there is discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electretinogram (ERG) tests the function of the whole retina in response to brief flashes of light, and can separate function from either the rod or cone mediated systems. It does not however give any indication of macular function.

- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (VEP) records the signal from produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.

- A Pattern appearance VEP is specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

<input type="checkbox"/> I confirm that the above information is accurate.	
<input type="checkbox"/> I certify that there is no contra-indication for this athlete to compete at competitive level in sport, with the exception of _____.	
Name: _____	
Medical Specialty: _____	
Registration Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: 署名は日本語で問題無い

Athlete:

**This Medical Diagnostic Form with attachments is to be submitted to the respective IF:**

IF/ Sport	Address	To be submitted to:
IPC Sports - Alpine Skiing, Athletics, Nordic Skiing, Swimming	International Paralympic Committee Adenauerallee 212-214 53113 Bonn Germany	Upload to athlete's profile in the SDMS database at least four weeks before the competition
IBSA – Football 5-a-side, Goalball, Judo	IBSA Attn. Neil O'Donovan IBSA Executive Director 115 George's Street Lower, Dunleary, Co. Dublin Ireland	E-mail: <a href="mailto:exd@ibsa-sports.org">exd@ibsa-sports.org</a>
UCI - Cycling	UCI – Para-Cycling UCI Headquarters Chemin de la M��lee 12 1860 Aigle Switzerland	Fax +41-24-468-5812 E-mail: <a href="mailto:christophe.cheseaux@uci.ch">christophe.cheseaux@uci.ch</a>
FEI - Equestrian	F��d��ration Equestre Internationale HM King Hussein I Building Chemin de la Joliette 8 1006 Lausanne Switzerland	Fax +41 21 310 4760 E-mail: <a href="mailto:trond.asmyr@fei.org">trond.asmyr@fei.org</a>
FISA - Rowing	FISA Attn. FISA Head of Classification Maison du Sport International Av. de Rhodanie 54 1007 Lausanne Switzerland	Fax +41 21 617 8375 E-mail: <a href="mailto:info@fisa.org">info@fisa.org</a> with attn. FISA Head of Classification
IFDS - Sailing	IFDS Ariadne House Town Quay Southampton, Hampshire SO14 2AQ United Kingdom	Fax. +44 23 8063 5789 E-mail: <a href="mailto:ifds@isaf.co.uk">ifds@isaf.co.uk</a>
ITU - Triathlon	International Triathlon Union (ITU) #221, 998 Harbourside Dr. North Vancouver, BC, Canada, V7P 3T2	E-mail: <a href="mailto:eric.angstadt@triathlon.org">eric.angstadt@triathlon.org</a>