

# GUIDELINES FOR SUBMITTING INTERNATIONAL CLASSIFICATION REQUESTS




Required documents for the classification request. Forms are available on the Extranet.



- ✓ MEDICAL DIAGNOSTIC FORM
- ✓ MEDICAL REPORT
- ✓ EVALUATION AGREEMENT FORM
- ✓ SUPPORTING MEDICAL EVIDENCE
- ✓ HEADSHOT
- ✓ PASSPORT/ID CARD

- The form must be written electronically and when completed, printed and signed.
- Scan and save the completed forms and documents as PDF.
- Please name the file according to the player's name, country and year.  
(HOOD Robin 2026 GBR)
- Email form to [classification@archery.sport](mailto:classification@archery.sport) at least 60 days before the tournament.
- Only MAs and NPCs can submit the request.



PARA ARCHERY CLASSIFICATION

### MEDICAL DIAGNOSTIC FORM – PHYSICAL IMPAIRMENT

To be completed electronically, in English, by a registered medical doctor.

**Athlete information**

<b>First name:</b>	Type your text.	<b>Last name:</b>	Type your text.
<b>Date of birth:</b>	Choose a date.	<b>Gender:</b>	Choose an item.
<b>Member association:</b>	Type your text.	<b>WA ID:</b>	Type your text.

**Permanent health condition and resulting impairment**

Type your text.

**Eligible Impairment type(s)**

Limb deficiency   
  Impaired muscle power   
  Motor ataxia  
 Hypertonia   
  Impaired passive range of motion

**Health condition**

<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Fluctuating
<b>Year of onset:</b>	Type your text.	<b>Congenital (birth):</b> <input type="checkbox"/>	
<b>Chronology of health condition</b>	Type your text.		


MEDICAL DIAGNOSTIC FORM – PHYSICAL IMPAIRMENT / Version 1.0 2026 – 1

The athlete's details must follow the passport or ID card.

The WAID is mandatory.

The doctor must provide a proper **medical diagnosis**.  
 (e.g. Spinal Cord Injury T5 Complete  
 Polio affecting both lower limb)

Do not describe the impairment, such as e.g. unable to walk, weakness of the lower limbs. This is not considered an acceptable diagnosis.



PARA ARCHERY CLASSIFICATION

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**Athlete information**

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<b>Date of birth:</b>	Choose a date.	<b>Gender:</b>	Choose an item.
<b>Member association:</b>	Type your text.	<b>WA ID:</b>	Type your text.

**Permanent health condition and resulting impairment**

Type your text.

**Eligible Impairment type(s)**

Limb deficiency   
  Impaired muscle power   
  Motor ataxia  
 Hypertonia   
  Impaired passive range of motion

**Health condition**

<b>Permanent</b> <input type="checkbox"/>	<b>Stable</b> <input type="checkbox"/>	<b>Progressive</b> <input type="checkbox"/>	<b>Fluctuating</b> <input type="checkbox"/>
<b>Year of onset:</b>	Type your text.	<b>Congenital (birth):</b> <input type="checkbox"/>	
<b>Chronology of health condition</b>	Type your text.		

MEDICAL DIAGNOSTIC FORM – PHYSICAL IMPAIRMENT / Version 1.0 2026 – 1

The Eligible Impairment corresponding to the diagnosis must be identified here.  
(see Eligible Impairment definitions in Book 5.1 Appendix 1)

Eligible impairment	Documents to support the diagnosis (tick/add and submit together with form)
Impaired muscle power <i>(Spinal cord injury, Muscular dystrophy, Spina Bifida, Polio, Multiple sclerosis, others...)</i>	<input type="checkbox"/> Medical report * <input type="checkbox"/> ASIA scale * <input type="checkbox"/> Manual muscle test results <input type="checkbox"/> Electromyography <input type="checkbox"/> MRI / X-rays <input type="checkbox"/> Others
Impaired passive range of motion <i>(Joint contractures, trauma, arthrogryposis, others...)</i>	<input type="checkbox"/> Medical report* <input type="checkbox"/> Goniometric measures of joint limitation * <input type="checkbox"/> X-rays <input type="checkbox"/> Photographs
Limb's deficiency <i>(Traumatic amputation, dysmelia, trauma, bone cancer, others...)</i>	<input type="checkbox"/> Medical report * <input type="checkbox"/> Photograph of affected limb * <input type="checkbox"/> X-rays <input type="checkbox"/> Others
Hypertonia <i>(cerebral palsy, spinal cord injury, traumatic brain injury, stroke...)</i>	<input type="checkbox"/> Medical report * <input type="checkbox"/> Modified Ashworth Scale (MAS)* <input type="checkbox"/> Cerebral MRI or TC scan <input type="checkbox"/> Others
Motor Ataxia <i>(cerebral palsy, traumatic brain injury, stroke...)</i>	<input type="checkbox"/> Medical report * <input type="checkbox"/> Sara Scale * <input type="checkbox"/> Cerebral MRI or TC scan <input type="checkbox"/> Others

These are the supporting documents required to be presented according to the medical diagnosis:

### Example

- ✓ Diagnosis: Spinal cord injury T5
- ✓ Supporting documents:
  - Full medical report
  - ASIA Scale
  - MRI
- ✓ Diagnosis: left upper arm amputation
- ✓ Supporting documents:
  - Full medical report
  - photo of the affected limb
  - X-rays

Make sure the supporting documents are translated into English.



PARA ARCHERY CLASSIFICATION  
**ATHLETE EVALUATION AGREEMENT FORM**


I wish to undergo the athlete evaluation process detailed in the World Archery classification rules and regulations and acknowledge that the following steps are essential to complete this process:

1. I understand that this process may require me to participate in sport-like exercises and activities that may include me being observed whilst competing. I understand that there is a risk of injury in participating in such exercises and activities. I confirm that I am healthy enough to participate in athlete evaluation.
2. I understand that I must comply with the requests made by both World Archery and the classification panel, including providing sufficient documentation to determine whether I comply with the eligibility requirements for para archery. I also understand that if I fail to comply with any such request then athlete evaluation may be suspended without a sport class being allocated to me.
3. I understand that athlete evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/or the degree of my impairment during athlete evaluation may result in me facing disciplinary action.
4. I understand that athlete evaluation is a judgment process, and I agree to abide by the judgment of the classification panel. If I do not agree with the decision of the classification panel, I agree to abide by the protest and/or appeal process as set out in the World Archery classification rules and regulations.
5. I may be photographed and/or audio or visual recorded by World Archery staff and officials (including classifiers) during the athlete evaluation process, including my activity on and off the field of play. Otherwise, however, photography, audio and visual recording of the athlete evaluation process are strictly prohibited.
6. My personal data (including my sport class, sport class status and relevant medical information) will be collected by the World Archery, my National Paralympic Committee (NPC) and/or my national federation (NF), and will be stored by the World Archery (including being transferred to or stored on the World Archery's contracted servers) and used by World Archery, my NPC and/or my NF for the purposes of and to the extent necessary in relation to athlete evaluation and facilitating my participation in World Archery competitions.
7. My personal data will be transferred to World Archery (or designated representative) and/or the World Archery medical committee if the classification panel, upon review of medical diagnostic information or through any observation during athlete evaluation, is of the view that I may have a health condition that could be adversely impacted by my participation in the sport of para archery for the purposes of assessing that risk and determining the appropriate outcome.
8. My name, gender, year of birth, country, sport class and sport class status will be published by World Archery and shared with my NPC, NF and competition organisers (Master List).

Additional reports from physicians, physiotherapists or other health professionals may be submitted, where relevant, to complement the medical diagnostic information.

The World Archery underlying health condition (UHC) assessor and classification panel may request further information depending on the individual athlete's health condition and impairment.

ATHLETE EVALUATION AGREEMENT FORM / Version 1.0 2026 – 1



I wish to assist the World Archery in developing the classification system and therefore allow my personal data, including video material recorded during training and competition, to be used for research and educational purposes by the World Archery in perpetuity, provided such personal data is anonymised prior to any publication. Providing or not providing this consent does not affect the fulfilment of this athlete evaluation agreement form as a whole.

I prefer not to contribute to research at this time.

If consent is not provided for research purposes, personal data will not be used for this purpose. If consent is provided, it can be withdrawn at any time by contacting World Archery by email: [classification@archery.sport](mailto:classification@archery.sport).

**Release of claims**

I hereby release World Archery and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection, storage and use of my personal data by World Archery, my NPC or NF and/or my participation in athlete evaluation.

**Access to personal data**

I understand that I have a right to access and correct or erase the personal data or restrict or object to the processing of such personal data that World Archery holds about me under data protection law by contacting my NPC or NF, who will, if required, contact the World Archery. I also understand that my eligibility to participate in the sport of para archery is contingent on the provision of personal data and my voluntary participation in athlete evaluation so that a sport class can be allocated to me. I further understand that my agreement in relation to the collection, processing, use, storage and/or transfer of personal data may be withdrawn at any time which will result in me being ineligible to participate in the sport of World Archery.

**Contact details**

I may contact the World Archery's data protection officer should I have any questions about the use of my personal data: [privacy@archery.sport](mailto:privacy@archery.sport).

**I have read and agree to comply with this athlete evaluation agreement form. The information set out in this document is correct.**

	<b>Athlete signature</b>	Date
	<b>Athlete representative signature</b>	Date

Printed name of athlete representative (Mandatory if present, including if the athlete is a minor or lacks legal capacity under national legislation)

Please contact [classification@archery.sport](mailto:classification@archery.sport) to report any anomalies identified on the Master Classification List.

ATHLETE EVALUATION AGREEMENT FORM / Version 1.0 2026 – 2

Make sure the athlete read the evaluation agreement form and and privacy before signing.

If the athlete is a minor (under 18), please make sure there is the guardian's name and signature.

# CLASSIFICATION PROCESS

