

National Classificationform NKBV 2025

Last name:	First name:
GENDER: • Male • Female	Date of Brith (DD/MM/YYYY):
Country:	Federation:
Email:	Date:
Have you ever been classified? What was the result? • No	
Yes, at an IFSC Paraclimbing competition:	categoryDate
Yes, at a national classification category	
Yes, I've been classified in another sportwhich sportDate	
Yes, but my classification was not finished (CNC)	
My condition doesn't meet the IFSC rules (Not Eligible (NE)) where was the classification	
Experience in sport	
How long do you climb?	
How often did you compete in a competition?	
Are you involved in other parasports? Which?	
Have you been classified in another sport? In which category?	
Comments:	

Information Athlete



Medical hystory	
What is your diagnosis:	
Since when do you have this condition? • since birth • Since (year):	
What kind of condition do you have: O coordination disorder/hypertonia/spasticity O reduced muscle strength/paralysis O reduced joint mobility O amputation/disposition disorder of arm or leg/leg length difference O short height (growth disorder) O other	
Do you have other additional problems? For example: pain/ visual impairment/ heart problems/ long problems/ intellectual impairment/ other:	
Are you using medical instruments? • wheelchair, • prothesis • splint/orthosis	
If you have medical evidence please send them with this form. You can think of pictures, x-ray, measurements or a letter from a medical professional.	
I what way does your impairment effect your climbing?	

Upload this signed form <u>via this link</u>. Deadline for sending is February 2, 2025. If you have X-rays or other (eye) measurements that provide insight into your condition, please send them along. Your data is stored securely and only shared with the classification doctors involved in the Paraclimbing Open 2025.

Date

I declare that I filled in this form truthfully.

Signature