



**THE BOSTON
MARATHON®**

John Hancock®

DISABILITY DOCUMENTATION FORM

Physical Impairment

Athletes who wish to must provide proof of disability through at least ONE of the following methods: register for an AWD Program or Division of the Boston Marathon

- 1) The athlete holds a [World Para Athletics Classification](#) and his/her name can be verified in the [WPA Masters List](#).
- 2) The athlete holds a [U.S. Para Athletics Classification](#) (U.S. athletes only) and his/her name can be verified in the [U.S. Para Athletics Master List](#).
- 3) The athlete's proof of disability documentation is currently on file with the B.A.A. and may be reviewed for re-eligibility.
- 4) The athlete may upload this form completed and signed by the athlete's physician at time of registration.
- 5) The athlete may fax this form completed and signed by the athlete's physician to the B.A.A. Registration Office at (508) 435-6590.

This form may be used as documentation of disability by non IPC classified athletes or by athletes who do not currently have documentation on file with the B.A.A. The B.A.A. strongly encourages athletes with disabilities to pursue national or international (IPC) sport classification for Para Athletics.

Athletes who wish to compete in the Push Rim Wheelchair Division, Mobility Impaired Program, Handcycle Program, or Duo Team Program of the Boston Marathon must have a permanent physical disability in accordance with the list of [eligible impairment types](#) defined by the International Paralympic Committee (IPC).

Note: Athletes applying for the Visually Impaired Division should use the VI Medical Documentation Form.

This form must be completed in English and by a registered physician who is familiar with the athlete's condition and medical history.

Athlete Information

Last Name:

First Name:

Gender: Female Male

Date of Birth (mm/dd/yyyy):

Which AWD Division or Program is the athlete applying for?:

Push Rim Wheelchair Handcycle Mobility Impaired (Runners)

Duo Team Name of Duo Runner (Pusher):

Medical Information

Disability/Diagnosis: _____

Age of Onset: _____ or Congenital

Is the impairment Permanent?: Yes No

Does the athlete use any mobility aids in day to day activities?

Yes No

If yes, check all that apply.

Wheelchair Cane Protheses Leg Braces

Crutches Other

Will the athlete use any mobility aides on the marathon course?

Yes No

If yes, check all that apply.

Racing Wheelchair Handcycle Protheses Leg Brace

Other: _____ Crutches

Examples of mobility aides that are not permitted on the marathon course include (and are not limited to) day chair (conventional wheelchair), tricycles, recumbent bicycles, scooters, and motorized vehicles.

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Eligible Impairment Type:

The B.A.A. aligns eligibility for all AWD Divisions and Programs with the eligible impairment types defined by the International Paralympic Committee (IPC) and World Para Athletics to the maximum extent possible. Select the impairment type and diagnosis (if available) that most accurately describes the athlete’s disability. Note that the list of medical diagnoses is not exhaustive.

Eligible Impairment Type	Medical Diagnosis Related to Impairment Type	Diagnostic Method
<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 Other:	<input type="checkbox"/> Medical Exam <input type="checkbox"/> Review of Medical Records <input type="checkbox"/> X-Rays <input type="checkbox"/> MRI Other:
<input type="checkbox"/> Impaired Passive Range of Motion	<input type="checkbox"/> Anthrogyriposis <input type="checkbox"/> Joint Contractures <input type="checkbox"/> Trauma Other:	<input type="checkbox"/> Medical Exam <input type="checkbox"/> Review of Medical Records <input type="checkbox"/> X-Rays <input type="checkbox"/> MRI Other:
<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 Other:	<input type="checkbox"/> Medical Exam <input type="checkbox"/> Review of Medical Records <input type="checkbox"/> X-Rays <input type="checkbox"/> MRI Other:
<input type="checkbox"/> Leg Length Difference *Minimum of 7cm leg length difference required.	<input type="checkbox"/> Trauma <input type="checkbox"/> Dysmelia Other:	<input type="checkbox"/> Medical Exam <input type="checkbox"/> Review of Medical Records <input type="checkbox"/> X-Rays <input type="checkbox"/> MRI Other:

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Eligible Impairment Type	Medical Diagnosis Related to Impairment Type	Diagnostic Method
<input type="checkbox"/> Short Stature	<input type="checkbox"/> Achondroplasia <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Growth Hormone Dysfunction Other:	<input type="checkbox"/> Medical Exam <input type="checkbox"/> Review of Medical Records <input type="checkbox"/> X-Rays <input type="checkbox"/> MRI Other:
<input type="checkbox"/> Limb Deficiency	<input type="checkbox"/> Dysmelia <input type="checkbox"/> Traumatic Amputation <input type="checkbox"/> Bone Cancer Other:	<input type="checkbox"/> Medical Exam <input type="checkbox"/> Review of Medical Records <input type="checkbox"/> X-Rays <input type="checkbox"/> MRI Other:
<input type="checkbox"/> Intellectual Disability Was the disability diagnosed before the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Autism Spectrum Disorder Other:	Explain:

Briefly describe how the athlete's disability impacts ambulation. REQUIRED.

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Physician Information

Physician's Full Name:

Office Address:

Physician's Email Address:

Website (if applicable):

Office Phone:

Physician's Statement

I confirm that the above information is accurate. I confirm that participation in long distance running events including the marathon is not contraindicated to the athlete's health or well-being.

Physicians' Signature:

Date:

The athlete should scan and upload this completed and signed form at time of AWD Boston Marathon Registration, or fax to the B.A.A. Registration Office at (508) 435-6590.