

Certificate of Medical Disability - New Form - Notice to Clubs

Please find attached the revised Medical Disability Form for 2007. Due to various Rule changes adopted at the October National Board Meeting 2006 this form has needed to be updated. It now replaces the one you may have on file. **All blank copies of the old forms are to be destroyed.**

For the swimming year 2007, this new form must be completed by all members registered with a Medical Disability, whether permanent or not.

Under Rule SW15M - Medical Disability-

A swimmer with a non-manifest disability (not obvious to the eye, e.g. having only one hand is obvious) shall provide a medical certificate stating their medical disability, the range of motion/activity that is impaired and the swimming stroke(s) that may/will be affected.

This may be a permanent or temporary disability, which prevents the performance of the correct swimming stroke according to the Rules of AUSSI Masters Swimming in Australia in butterfly and/or breaststroke.

The attached form requires completion by a DOCTOR or PHYSIOTHERAPIST for the Medical Disability to be registered.

Please ask your club member applying for the Medical Disability to take this form to their doctor/physiotherapist for completion. Explain that **all boxes must be filled in.**

Once this has been done, the following is required:

- 1 The original form must be signed by any one of the club's executive members (President, Vice-President, Secretary, or Treasurer)
- 2 Three copies of the signed form need to be made.
 - one copy for the member's own records
 - one copy for the club's records
 - one copy for the Branch records.
- 3 The club must then forward the original form to the National Office at:
Masters Swimming Australia
148A Ferguson Street, Williamstown VIC 3016
and the third copy to the Branch Office.

A new form must be completed for renewal each year at the time of re-registration **unless the letter "P" for Permanent** appears against all of the applicable categories.

If the MD is permanent, a copy of the original form is to be attached to the membership renewal form each year.

If the disability occurs during the year (after re-registration), the certificate must be registered with the National office as soon as possible. If a swimmer is contemplating entering any Masters Swimming Australia Swim Meets, the form must be registered at the National office by the close of entries.

If a Medical Disability has occurred after the close of entries for a Swim Meet the swimmer may present the certificate to the Meet Director of the Swim Meet. It is then up to the discretion of the Referee if the form is accepted or not. **The form still needs to be treated as above.**

The Medical Disability only needs to be registered once during the year. A temporary MD must be renewed each year before the swimmer re-registers.

For any further enquires, please contact your Branch office/Secretary.

Masters Swimming Australia

Certificate of Medical Disability



To be completed by the club filling out the form

- Copy to club file
- Copy sent to Branch
- Original sent to National

Dear Doctor/Physiotherapist,
Thank you for completing this form for:

(Given Name)

(Family Name)

Address:

(AUSI Registration Number)

(Club Name and Code)

Your patient may have a permanent or temporary disability, which may prevent the performance of the correct swimming stroke according to the rules of AUSI in butterfly and/or breaststroke. Indicate with '✓' next to each of the following statements that apply to your patient. **Please add the letter "P" after the '✓' if you consider the disability to be permanent. i.e. '✓', or '✓ P'** Indicate with 'x' next to those statements not applying to your patient i.e. 'x'. Please mark every box with either '✓', '✓ P' or 'x'.

Butterfly		
Cat.	Description of Disability Category	'✓', '✓ P' or 'x'
BU1	Both arms cannot be brought forward together and/or cannot be brought backwards simultaneously (SW8.2)	
BU2	Feet movements cannot be made simultaneously (SW8.3M)	
BU3	Both hands cannot touch simultaneously at each turn and at the finish (SW8.4)	
BU4	Cannot do arm stroke at least every second breaststroke kick (SW8.3M)	

Breaststroke		
Cat.	Description of Disability Category	'✓', '✓ P' or 'x'
BR1	Arm movements cannot be made either simultaneously or in the same horizontal plane (SW7.2)	
BR2	Hands cannot be pushed forwards and/or brought backwards together (SW7.3)	
BR3	Leg movements cannot be made simultaneously or in the same horizontal plane (SW7.4)	
BR4	Both hands cannot touch simultaneously at each turn and at the finish (SW7.6)	
BR5	Feet cannot be turned outward (SW7.5)	

Detail of disability:

Doctor/Physiotherapist Name:		Address:	
Telephone:	Signature:	Date:	

Requirements:

1. The Certificate of Medical Disability **MUST BE COMPLETED FULLY** by a medical practitioner or physiotherapist and **MUST BE SIGNED by a Club Executive Official**.
2. The **original** Certificate of Medical Disability must be sent to the **Masters Swimming Australia, National Office, 148A Ferguson Street, WILLIAMSTOWN, Vic, 3016**.
3. The Medical Disability Certificate must be registered with the National Office by the close of entries. (SW15.2M).
A temporary Medical Disability Certificate may be presented to the Referee prior to start of the swim competition. (SW15.3M)
4. This form must be completed for renewal each year at the time of re-registration unless the letter "P" for PERMANENT appears in all the relevant boxes above.
If the MD is PERMANENT then a copy of this form is to be attached to the membership renewal form each year.

Club Executive Official's name:	Position:	Signature:	Date:
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