Weightlifting Canada Haltérophilie Masters

Health Care Professional Clearance Form
(for adaptive athlete participation)

2024.012.11

This document will assist Weightlifting Canada Haltérophilie Masters (WCHM) in determining an athlete's preparedness for physical activity associated with participating in an Olympic weightlifting competition, and determine which para-athlete classification they will be competing in.

Terms and Conditions

1. The application form must be submitted by an athlete with a permanent disability or a legal guardian on their behalf. If the applicant is unable to sign, a legal guardian can sign on their behalf.

2. The applicant must be a client of the authorizing health care professional/service provider. The authorized health care provider signing the Clearance Form must NOT be related to the applicant.

3. The Health Professional is required to read the document "Canadian Masters Standards of Eligible Impairments – Olympic-Style Para-weightlifting" prior to signing the attestation.

4. Health Professional Clearance Forms that are incomplete or improperly completed will not be accepted. The applicant will be notified and asked to resubmit.

5. These terms and conditions are subject to change without notice.

Para Olympic Weightlifting - Athlete Information

Applicant Name (Person with the Permanent Disability):

First Name: _____ Last Name: _____

Date of Birth (dd/mm/yyyy): _____/ _____/ _____

Mailing Address: _____

City: _____ **Province/State**: _____ **Postal/ZIP Code**: _____

Phone: (_____) - _____- _____

E-mail: _____

I certify that I understand the terms and conditions as set forth in this application.

Applicant or Guardian's Signature: _____ **Date**: _____

Which para weightlifting category do you wish to enter? Noting the athlete may fit into one or more of the categories and should select the category they wish to compete in:

◯ PW1: Athletes who are deaf, deafened, or hard of hearing
◯ PW2: Athletes with visual impairment
◯ PW3: Athletes with intellectual impairment
◯ PW4: Athletes with limb deficiencies - no prothesis
◯ PW5: Athletes with limb deficiencies - with prothesis
◯ PW6: Athletes with impaired range of motion or joint instability
◯ PW7: Athletes competing with the use of a wheelchair
◯ PW8: Athletes of Short Stature

* Weightlifting Canada Haltérophilie Masters is committed to protecting the privacy, confidentiality, and security of any personal information we collect, use, and retain.

Health Care Professional Authorization

This authorization must be filled out by one of the authorized health care practitioners listed below. The applicant must be a client of the authorizing health care professional/service provider and can speak to their permanent disability.

Type of Accepted Health Care Professional (select one):

☐ Physician	☐ Speech Language Pathologist
☐ Nurse Practitioner	☐ Occupational Therapist
☐ Social Worker (RSW)	☐ Audiologist
☐ Physiotherapist	☐ Psychiatrist
☐ Behaviour Analyst (BCBA)	☐ Athletic Therapist
☐ Psychologist	☐ Éducateur/trice (QC only)
☐ Executive Director of a Disability Services Provider *Organization Name: _____	

Professional Stamp (if available)

*I certify that the applicant, who is a client/patient of mine, is an individual with a **PERMANENT disability** which classifies as a para-athlete per the Canadian Masters Standards of Eligible Impairments – Olympic Style Para-Weightlifting Criteria. I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge and that the individual is fit to compete at the time of authorization.*

Patient's name: _____

Eligible Permanent Impairment: _____

Name of Health Care Professional OR Executive Director: _____

Professional Registration Number: _____

Practice/Service Address: _____ **Unit #**: _____

City: _____ **Province/State**: _____ **Postal / ZIP Code**: _____

Phone: (_____) - _____- _____x. _____ **E-mail**: _____

Health Care Professional OR Executive Director Signature: _____

Date: _____

*Signatures from other types of health care professionals not included on the list above will **NOT** be accepted.