

## **Bank of America Chicago Marathon Impairment Documentation**

Athletes applying to the Para Athletics Program at the Bank of America Chicago Marathon must have a permanent impairment that aligns with the <u>ten eligible impairment types</u> defined by the International Paralympic Committee and World Para Athletics.

To submit an application to the Para Athletics Program at the Chicago Marathon, athletes must provide impairment documentation or have a national or World Para Athletics classification.

Please contact <u>para.athletics@chicagomarathon.com</u> if you have any questions.

Applying as:

Athlete information				
Athlete first name:				
Athlete last name:				
Athlete gender:	Male	Female	Non-binary	
Athlete date of birth:				
Athlete email address:				
Impairment type:	Impaired muscle	e power		Hypertonia
	Impaired passiv	e range of moveme	nt	Ataxia
	Limb deficiency			Athetosis
	Leg length differ	rence		Vision impairment
	Short stature			Intellectual impairment



The following must be completed in English by a registered physician familiar with the athlete.

## Impairment information

Eligibility for the Para Athletics Program at the Bank of America Chicago Marathon aligns with the
ten eligible impairment types defined by the International Paralympic Committee and World Para
Athletics.

S	Select the eligible	impairment type a	nd list the diagr	nosis that best	describes the a	thlete's impairm	ient.

ociect the engine impair	ment type and not the an	agnosis mat sest desc	is estimated simple
Eligible impairment type:			
Diagnosis:			
Include any other inform	ation on the athlete's im	pairment or how it aff	ects mobility:
If the athlete has a visual	impairment, is the athle	te legally blind?	Yes No
	Right eye	Left eye	
Visual acuity			
Visual field (degrees)			
If the athlete has a physic	cal impairment, is a prost	thesis used? Ye	s No
The athlete's medical cor	ndition is:		

Progressive

Congenital (birth)

Fluctuating

Stable

Permanent

Year of onset (yyyy):



Physician information
Physician name:
Office address:
City, State, Zip code:
Country:
Office phone:
Office email:
To be certified by the athlete's physician:
I confirm that the information provided above is accurate.
I certify that there is no contraindication for this athlete to participate in the Bank of America Chicago Marathon (26.2 miles).
Physician Signature:
Date: