



# B.A.A. Impairment Documentation Form

## Instructions

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The [Adaptive Program](#) of the Boston Marathon provides a unique opportunity for athletes with physical, intellectual, or visual impairments to take part and participate in the Boston Marathon. Adaptive Programs include:

- Runners who possess a physical, intellectual, or visual impairment
- Handcycle Program
- Duo Team Program

Athletes who wish to apply for an Adaptive Program of the Boston Marathon must have a permanent impairment that aligns with the [10 eligible impairment types](#) defined by the International Paralympic Committee (IPC).

To be considered for entry into the Adaptive Program of the Boston Marathon, athletes must provide impairment documentation to the B.A.A. **at time of registration** or have current documentation on file. A national or World Para Athletics classification may be used in lieu of documentation but is not required to apply for entry into the Adaptive Program.

This form may be used as impairment documentation by non-classified Para athletes or by athletes who do not already have documentation on file with the B.A.A. Other forms of documentation may be accepted. This form should be completed in English and by a registered physician who is familiar with the athlete's impairment.

The athlete should upload the completed and signed form at time of registration.

Please contact [paraathletes@baa.org](mailto:paraathletes@baa.org) if you have any questions.

## Athlete Information

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Athlete's Last Name: \_\_\_\_\_

Athlete's First Name: \_\_\_\_\_

Gender:

Athlete Date of Birth: \_\_\_\_\_

Type of Impairment:

Adaptive Program:

## Impairment Information

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The B.A.A. aligns eligibility for Adaptive Programs with the [eligible impairment types](#) defined by the International Paralympic Committee (IPC) and recognized by World Para Athletics (WPA). Select the eligible impairment type and diagnosis that best describes the athlete's impairment. Note that the list of diagnoses is not exhaustive.

Eligible Impairment Type:

Diagnosis or Underlying Condition:

Other:

If the impairment type is visual, is the athlete legally blind?

Yes

No

Visual acuity (Right): \_\_\_\_\_

Visual acuity (Left): \_\_\_\_\_

Visual Field (degrees): \_\_\_\_\_

Age of Onset: \_\_\_\_\_

Is the impairment permanent?      Yes      No

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

Yes

No

If yes, please list or describe: \_\_\_\_\_

Will the athlete use any mobility aides on the marathoncourse?

Yes

No

If yes, please list or describe: \_\_\_\_\_

Please know that equipment that is not permitted on the marathon course includes, but is not limited to, tricycles, recumbent bicycles, scooters, and any motorized or battery powered equipment that facilitates forward progression.

**Additional Information**

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Provide any additional information about the athlete’s impairment and/or how it impacts the athlete’s ambulation.

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**Physician Information**

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Physician’s Full Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Physician’s Statement**

I confirm that the above information is accurate. I confirm that participation in long distance running events including the marathon (26.2 miles) is not contraindicated to the athlete's health or well-being.

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this signed and completed form to the athlete so that he/she/they may upload at time of registration.**