## Masters Swimming Australia Certificate of Medical Disability — updated April 2024 (V02.24)



## Rule SW14.2M - Medical Disability (MD) states:

A swimmer with a non-manifest disability shall provide a medical certificate stating the swimming action (s) that may/will be affected. The certificate must be signed by an eligible healthcare practitioner, that is a medical doctor, physiotherapist, chiropractor, or osteopath. Note: Non-manifest is not obvious to the eye, e.g. having only one leg is obvious or manifest.

The disability may be permanent or temporary and must prevent the swimmer from doing one of the stipulated actions in butterfly and/or breaststroke according to the Rules of Masters Swimming Australia (see attached form for details).

**Unless the letter <u>"P" for Permanent</u>** appears against all of the applicable categories, a new form must be completed for renewal each year at the time of re-registration. If the MD is permanent, then the form only needs to be submitted to the National Office once.

A temporary MD which has not been overcome must be renewed each year when the swimmer reregisters. The Medical Disability form must be signed by the eligible healthcare practitioner for the Medical Disability to be registered. Each of the stroke action boxes must be marked with a  $\checkmark$ ,  $\checkmark$  P or x as applicable before the form is signed.

Once the form has been completed the following steps are required:

- 1. The original form must be signed by any <u>one</u> of the club's executive members
  - President
  - Vice-President
  - Secretary
  - 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
  - Scanned and via email admin@mastersswimming.org.au
  - Or send via post to: **Masters Swimming Australia,** PO Box 15, MSAC, 30 Aughtie Drive, Albert Park, VIC, 3206

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 Meet, the form must be registered at the National office by the close of entries. Medical disability certificates are not accepted for the MSA National Championships.

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 for that meet. **The form will subsequently have to be processed as per steps 1, 2, and 3 above.** 

Please note this rule applies to Masters Swimming Australia events only. No other organization allows for non-manifest disabilities.

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

## Masters Swimming Australia: Certificate of Medical Disability (MD) - (V02.24)

masters swimming AUSTRALIA

**Dear healthcare practitioner,** Thank you for completing this form for:

Deu	medicare productioner, mank you for con-	inpicting this form for.					swimming AUSTRALIA
Given Name: Family Name:		y Name:	Address:				
MSA Member Number: Club Name and		Club Name and Code:					
Mas Indi <b>per</b> i	ters Swimming Australia in butterfly and/or	breaststroke. statements that apply to yo	our patient	. Please	ace of the correct swimming stroke according add the letter "P" after the $\checkmark$ ' if you considery box with either $\checkmark$ ', $\checkmark$ P' or $\checkmark$ x'.		
	BUTTERFLY				BREASTSTROKE		
Cat.	Description of Disability Category	'√', '√ P'	or 'x'.	Cat.	Description of Disability Category		'√', '√ P' or 'x
BU1	Both arms cannot be brought forward simulta	neously over		BR1	Arm movements cannot be made simultaneously (SW7.2)		
	the water and brought backward simultaneou water through-out the race, subject to SW 8.5	sly under the		BR2	BR2 Hands cannot be pushed forwards and/or brought backwards together (SW7.3)		
BU2	Legs or Feet movements cannot be made simu (SW8.3M)	ultaneously		BR3	Leg movements cannot be made simultaneously (SW7.4)		
BU3	Both hands cannot touch simultaneously at each turn and at the finish (SW8.4)			BR4 Both hands cannot touch simultaneously at each turn and the finish (SW7.6)		n turn and at	
				BR5	Feet cannot be turned outward (SW7.5)		
Health	care practitioner's Name:		Address	s:			
Telephone: Signature:		re:		Please cross out those not applicable: doctor / physiotherapist / chiropractor / osteopath		Date:	
1. 2. 3. 4.	The <b>original</b> Certificate of Medical Disability The Medical Disability Certificate must be re A temporary Medical Disability Certificate m	must be sent to the <b>Masters</b> egistered with the National Of hay be presented to the Refer	<b>Swimming A</b> ffice by the cee prior to st	<b>Australia,</b> lose of entart of the		/IC, 3206	