## Masters Swimming Australia Certificate of Medical Disability — updated July 2023



## 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,** Level 2, 50-56 York Street, South Melbourne, Vic 3205

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)

masters swimming AUSTRALIA

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

Name: Family Name:		Address:			AUSTRALIA	
Member Number: Club Name and Code:						
sters Swimming Australia in butterfly and/or breaststroke cate with $'\checkmark'$ next to each of the following statements the manent. i.e. $'\checkmark'$ , or $'\checkmark$ P'	nat apply to your patier	nt. <b>Please</b>	add the letter "P" after the '√' if you consid			
	ır patient i.e. 'x'. Please	mark eve				
	1/11/21 11	Cat			'√', '√ P' or 'x	
, , , ,	√, √ P or X.			(SW7.2)	v , v 1 01 x	
			, , , , , , , , , , , , , , , , , , ,	. ,		
cannot be brought backwards simultaneously (5wo.2)		BR2				
Feet movements cannot be made simultaneously (SW8.3M)						
Dath hands something the control of		BR3	Leg movements cannot be made simultaneously	(SW7.4)		
at the finish (SW8.4)		BR4	Both hands cannot touch simultaneously at each the finish (SW7.6)	ously at each turn and at		
		BR5	Feet cannot be turned outward (SW7.5)			
ncare practitioner's Name:	Addre	ss:				
none: Signature:	Signature:		Please cross out those not applicable: doctor / physiotherapist / chiropractor / osteopath		Date:	
The Certificate of Medical Disability MUST BE COMPLETED.  The original Certificate of Medical Disability must be sent.  The Medical Disability Certificate must be registered with.  A temporary Medical Disability Certificate may be present.  This form must be completed for renewal each year at the	to the <b>Masters Swimming</b> the National Office by the ed to the Referee prior to	Australia, close of en start of the	Sports House, Level 2, 50-56 York Street, South M tries. swim competition.	elbourne, Vic 3 boxes above.	205	
	r patient may have a permanent or temporary disability, of sters Swimming Australia in butterfly and/or breaststroke, icate with '√' next to each of the following statements the manent. i.e. '√', or '√ P' cate with 'x' next to those statements not applying to your BUTTERFLY  Description of Disability Category  Both arms cannot be brought forward together and/or cannot be brought backwards simultaneously (SW8.2)  Feet movements cannot be made simultaneously (SW8.3M)  Both hands cannot touch simultaneously at each turn and at the finish (SW8.4)  Incare practitioner's Name:  Signature:  Signature:  Signature:  Signature:	r patient may have a permanent or temporary disability, which may prevent the sters Swimming Australia in butterfly and/or breaststroke. Ideate with '√' next to each of the following statements that apply to your patient manent. i.e. '√', or '√ P' disability Category    Description of Disability Category   '√', '√ P' or 'x'.     Both arms cannot be brought forward together and/or cannot be brought backwards simultaneously (SW8.2)     Feet movements cannot be made simultaneously (SW8.3M)     Both hands cannot touch simultaneously at each turn and at the finish (SW8.4)     At the finish (SW8.4)     Address   Signature:     Signat	r patient may have a permanent or temporary disability, which may prevent the performans ters Swimming Australia in butterfly and/or breaststroke. Icate with '√' next to each of the following statements that apply to your patient. Please manent. i.e. '√', or '√ P' cate with 'x' next to those statements not applying to your patient i.e. 'x'. Please mark ever a butter fly in the following statements that apply to your patient. Please manent. i.e. 'x'. Please mark ever a butter fly in the following statements that apply to your patient. Please mark ever a butter fly in the flow of the following statements that apply to your patient. Please mark ever a butter fly in the flow of the fl	Interest in the performance of the correct swimming stroke according sters Swimming Australia in butterfly and/or breaststroke.  Icate with '\' next to each of the following statements that apply to your patient. Please add the letter "P" after the '\' if you consider manent. i.e. '\', or '\cop '\co	r patient may have a permanent or temporary disability, which may prevent the performance of the correct swimming stroke according to the rules of sters Swimming Australia in butterfly and/or breaststroke.  Icate with '\'' next to each of the following statements that apply to your patient. Please add the letter "P" after the '\'' if you consider the disabilimanent. ie. '\'', '\' '\ '' \ '' \ '' \ '' \ '' \	