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 ten eligible impairment types 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 para.athletics@chicagomarathon.com if you have any questions.

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 power
- ◯ Impaired passive range of movement
- ◯ Limb deficiency
- ◯ Leg length difference
- ◯ Short stature
- ◯ Hypertonia
- ◯ Ataxia
- ◯ Athetosis
- ◯ Vision impairment
- ◯ Intellectual impairment

Applying as:

- ◯ Ambulatory athlete with an impairment
- ◯ Duo Team rider
- ◯ Handcycle field athlete
- ◯ Wheelchair field athlete

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.
Select the eligible impairment type and list the diagnosis that best describes the athlete's impairment.

Eligible impairment type: Select impairment type

Diagnosis:

Include any other information on the athlete's impairment or how it affects mobility:

If the athlete has a visual impairment, is the athlete legally blind? ◯ Yes ◯ No

	Right eye	Left eye
Visual acuity		
Visual field (degrees)		

If the athlete has a physical impairment, is a prosthesis used? ◯ Yes ◯ No

The athlete's medical condition is:

◯ Permanent ◯ Stable ◯ Progressive ◯ Fluctuating

Year of onset (yyyy): Congenital (birth) ◯

BANK OF AMERICA CHICAGO MARATHON

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: