

Medical Certificate for Abilympics Helsinki 2027

All competitors must provide a medical certificate confirming their disability and eligibility to participate in the International Abilympics Helsinki 2027 competition. The certificate must be signed by a licensed healthcare professional.

COMPETITOR DETAILS

First Name: _____

Last Name: _____

Delegation (country or region): _____

Skill: _____

Date of Birth: _____

Disability (please mark):

1. Difficulties with perception, attention, or concentration (e.g., AD/HD or ADD)
2. Language-related difficulties (e.g., severe reading disorder, dysphasia, dyslexia)
3. Interaction and behavioral disorders (e.g., social maladjustment)
4. Mild developmental delay (e.g. broad learning difficulties)
5. Severe developmental delay; moderate or severe intellectual disability
6. Long-term psychiatric illnesses (e.g. mental health issues)
7. Long-term physical illnesses (such as allergies, asthma, diabetes, epilepsy, cancer)
8. Difficulties related to autism or Asperger syndrome
9. Difficulties with mobility (e.g. musculoskeletal injuries, cerebral palsy, short stature)
10. Hearing impairment
11. Visual impairment
12. Other, please specify: _____

NAME AND SIGNATURE OF THE LICENSED HEALTHCARE PROFESSIONAL

Full Name: _____

Title: _____

I hereby confirm that the information contained in this medical certificate is accurate.

Date and Place

Signature of the Healthcare Professional