

ICF PARACANOE ATHLETE CERTIFICATE OF DIAGNOSIS

Please note this form must be completed in English

The person below is required to undergo ICF Paracanoë Athlete Classification to compete at International level of their chosen sport. To assist the classification process a confirmation of the medical diagnosis is required.

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Sex: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Birth: (day/month/year)	<input type="text"/>	/	<input type="text"/>
Federation:	<input type="text"/>	Athlete Signature:	<input type="text"/>

Medical details (This section must only be completed by a medical doctor)

Athlete diagnosis:

How long has the athlete had this condition?

Is the condition: Stable? Deteriorating? Fluctuating?

(Please tick one box)

Are there any other factors which may affect the athletes fitness for competition? Eg: epilepsy, diabetes, heart disease, cancer, severe allergies, high blood pressure

Declaration

I hereby certify that I have known this patient for years and certify that the above named patient has the stated diagnosis.

I hereby certify that this athlete is fit to compete in Paracanoë competition

Doctors Name	<input type="text"/>
Address of medical practice	<input type="text"/>
Email	<input type="text"/>
Phone Number	<input type="text"/>
Practice stamp	