

PA ATHLETE CERTIFICATE OF DIAGNOSIS

The person below is required to undergo PA Paracanoe Athlete Classification to compete at the International level of their chosen sport. To assist the classification process a confirmation of the medical diagnosis is required. *(PA acknowledges the work of the IVF Adaptive paddling program in developing this document.)*

Family Name: Given Name:

Sex: M F Date of Birth: (day/month/year)

Federation:

Athlete signature:

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.

Doctors Name: Signature:
(Please Print)

Address:

PLEASE NOTE:- *This form must be completed in English*