

## ICF PARACANOE ATHLETE CERTIFICATE OF DIAGNOSIS

Please note this form must be completed in English

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

Address

Doctors Signature