**IVF PARA VA’A PADDLER**

**CERTIFICATE OF DIAGNOSIS**

Please note this form must be completed in English

The person below is required to undergo ICF/IVF 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. *(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)

Country

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 Signature

Doctors Name

(Please Print)

Address