

Certificate of Diagnosis

The person below is required to undergo Classification to compete in BISFed Competitions at National or International level. To assist the classification process a confirmation of the medical diagnosis is required.

PERSONAL DETAILS OF BOCCIA PLAYER

FULL NAME

ADDRESS.....

.....

TELEPHONE NUMBER..... DATE OF BIRTH.....

REGION/HOME/COUNTRY..... MALE OR FEMALE

APPLICANT'S SIGNATURE

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A DOCTOR OF MEDICINE ONLY

NAME OF APPLICANT.....

DIAGNOSIS.....

MEDICATION.....

SURGERY.....

ANY OTHER RELEVANT FACTORS, e.g. EPILEPSY, DIABETES, HEART

DISEASE, HAEMOPHILIA

.....

I HEREBY CERTIFY THAT **I HAVE FOLLOWED THIS PATIENT FOR**
 YEARS AND CERTIFY THAT THE ABOVE NAMED
PATIENT HAS THE DIAGNOSIS SPECIFIED ABOVE.

SIGNATURE OF DOCTOR

PRINTED NAME.....

ADDRESS OF DOCTOR.....

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N.B. Information disclosed on this form will be dealt with according to the IPC code of ethics for classification.