International Bowls for the Disabled Inc.
Registered Office: 2a, First Avenue, Forestville, SA 5035. Australia
ABN 86 790 300 272

Certificate of Diagnosis

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

PERSONAL DETAILS OF BOWLS PLAYER

FULL NAME: .....

ADDRESS: .....

.....

TELEPHONE NO. ..... DATE OF BIRTH: .....

REGION/HOME/COUNTRY: ..... MALE \ FEMALE\OTHER

APPLICANT'S SIGNATURE: .....
.(consenting for doctor to release information to IBD)

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A DOCTOR OF MEDICINE ONLY

NAME OF APPLICANT: .....

DIAGNOSIS: .....

MEDICATION: .....

SURGERY: .....

Relevant investidations/ radiography:

.....

.....

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

SIGNATURE OF DOCTOR: .....

Doctor's stamp:

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