



BOWLS CANADA BOULINGRIN

2451 Riverside Drive, c/o House of Sport, Ottawa, Ontario K1H 7X7
Tel: (613) 244 – 0021
www.bowlscanada.com

Certificate of Diagnosis for Physically Impaired Athletes

The person below is required to undergo Classification to compete in Bowls Canada Boulingrin competitions at the Provincial or National level. To assist the classification process a confirmation of the medical diagnosis is required and **must be** submitted to Bowls Canada Boulingrin at: office@bowlscanada.com. **This form is to be completed by the bowler's own doctor, who is familiar with their medical history.**

Note: This Medical Diagnosis form cannot be older than 24 months at the time of the athlete's classification.

PERSONAL DETAILS OF BOWLER

FULL NAME: _____

ADDRESS: _____

TELEPHONE NO. _____ DATE OF BIRTH: _____

COUNTRY: _____ MALE/FEMALE/OTHER _____

APPLICANT'S SIGNATURE: _____

(consenting for doctor to release information to Bowls Canada Boulingrin including classifiers who are required to review the material in order to determine eligibility)

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A DOCTOR OF MEDICINE ONLY

NAME OF APPLICANT: _____

DIAGNOSIS: _____

MEDICATION (related to PI): _____

SURGERY (related to PI): _____

Relevant investigations/radiography:

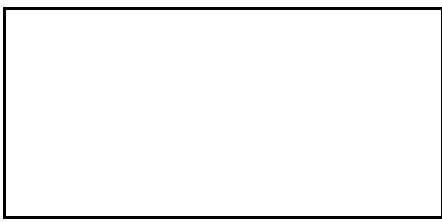
I HEREBY CERTIFY THAT I HAVE FOLLOWED THIS PATIENT FOR ____ YEARS AND CERTIFY THAT THE ABOVE NAMED PATIENT HAS THE DIAGNOSIS SPECIFIED ABOVE AND IS ABLE TO PARTICIPATE IN THIS SPORT.

NAME: _____ DATE: _____

MEDICAL SPECIALITY: _____ REGISTRATION NO.: _____

SIGNATURE OF DOCTOR: _____

Doctor's stamp:



Athlete Consent: I, (Name/Print): _____ authorize BCB to collect and use personal information about me for the purposes described in BCB's Privacy Policy. I understand that I may withdraw such consent at any time by contacting BCB's Privacy Officer. The Privacy Officer will advise the implications of such withdrawal.

Applicant's Signature: _____

Note: Information disclosed on this form will be dealt with according to BCB/IBD/IPC code of ethics for classification for the purposes of administration of physical impairment classification.