|  |  |
| --- | --- |
| New Logo | International BBowl & Jackwls for the Disabled Inc.  Registered Office: 14 Melbourne Street, North Adelaide 5006, Australia  ABN 86 790 300 272 |

**CERTIFICATE OF DIAGNOSIS**

# **FOR Para Lawn Bowls CLASSIFICATION**

The person named below is required to undergo Para-Lawn Bowls Classification to compete at International level of their chosen sport. During the classification process the approved Classifier (physiotherapist or medical doctor) will assess their physical Impairment as relevant to the requirements for playing Lawn Bowls. To assist the classification assessment process a confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis is required. In some instances, a copy of a report from a medical specialist e.g. neurologist, will be required.

**Athlete’s Details** (To be completed by the Athlete applying for classification - Please print)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | | | Family Name | |  | | | |
| Gender |  Male  Female | | | | Date Of Birth | |  | | | |
| Address |  | | | | | | | | | |
| City |  | | Zip/Postcode | | |  | | Nation | |  |
| Telephone No |  | | | E-mail | |  | | | | |
| I hereby consent to the information below being released to IBD for the purpose of Para Lawn Bowls Classification. | | | | | | | | | | |
| Signature: | |  | | | | | | | Date: | |

**MEDICAL DETAILS** **(This section to be completed by a Doctor of Medicine**

**only – please print clearly)** Please attach a separate sheet or report if insufficient space

|  |  |
| --- | --- |
| Name of Applicant |  |
| Diagnosis |  |
| Test results to support the above diagnosis  e.g MRI, CT, Muscle biopsy, nerve conduction | . |
| Other relevant factors e.g. Epilepsy, Diabetes, and Heart Disease. |  |

I hereby certify that I have followed this patient for \_\_\_\_\_\_\_ years and that the above named patient has the diagnosis specified above.

Please print

|  |  |
| --- | --- |
| Doctor’s Name: |  |
| Address: |  |
| Signature: |  |
| Date: |  |

**N.B. Information disclosed on this form will be dealt with confidentially by the IBD and in accordance to the IPC Code of Ethics for Classification.**

**Guidelines for the medical practitioner completing this form**:

**Requirements**

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for International Para Lawn Bowls Competition.

This medical information should provide the results of medical tests and investigations which demonstrate that the Athlete has a diagnosis of a medical condition which leads to their presenting physical impairments.

It is not necessary to supply a report stating the symptoms such as weakness, pain, lack of sensation, inability to walk or perform certain actions. These limitations are assessed during the Athlete Evaluation process by the accredited Classifier.

Examples of documentation required:

Example 1 - a person with Multiple Sclerosis will have had various tests, for example MRI scans, during the investigation to find the cause of the symptoms. The results of the tests and a report from the neurologist clearly stating the full diagnosis is required.

Example 2 - a person with peripheral nerve damage and/or muscle weakness or paralysis is required to provide results of nerve conduction tests and other relevant investigations including a

summary report from a neurologist or a neurophysiologist.

**For International Classification this information should be presented in English.**