

## Certificate of Diagnosis

The person below is required to undergo Classification to compete in competitions at the local and National level. To assist the classification process a confirmation of the medical diagnosis is required.

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### Personal Details of Boccia Athlete

First Name:

Last Name:

Address:

City:

State:

Zip:

Telephone Number:

Email address:

Date of Birth:

Country:

Athletes Signature

### Medical Details - This section is to be completed by the Doctor Only

Name of Athlete:

Diagnosis:

Surgery:

Any other medical conditions to be aware of:

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: