BRITISH CANOEING  
**PARACANOE MEDICAL DIAGNOSES FORM**

| **First Names** |  | | **Surname** |  |
| --- | --- | --- | --- | --- |
| **Gender** |  | | **Date of Birth** |  |
| **Athlete’s Signature** | |  | | |

**Medical Details (this section must only be completed by a medical doctor)**

Athlete Diagnosis:

|  |
| --- |
|  |

How long has the athlete had this condition?

Is the condition: STABLE DETERIORATING FLUCTUATING   
(please circle one)

Are there any other factors which may affect the athlete’s fitness for competition? E.g. epilepsy, diabetes, heart disease, cancer, severe allergies, high blood pressure:

|  |
| --- |

**Declaration**

|  |
| --- |

I hereby certify that I have known this patient for years and certify that the above named patient has the stated diagnosis.

I hereby certify that this athlete is fit to compete in Paracanoe competition 🗌 (please tick)

| **Doctor’s Name** |  | **Date** |  |
| --- | --- | --- | --- |
| **Doctor’s Signature** |  | | |

| **Address of Medical Practice** |  |
| --- | --- |
| **Doctor’ Email** |  |
| **Doctor’s Telephone Number** |  |
| **Practice Stamp** |  |

Please send your completed form to [classification@britishcanoeing.org.uk](mailto:classification@britishcanoeing.org.uk)