

# ICF CERTIFICATE OF DIAGNOSIS FOR ATHLETES WITH INTELLECTUAL IMPAIRMENT

Please note this form must be completed in English by a Medical Doctor or Psychologist who has known the athlete for at least 2 years.

The person below wishes to compete in Kayaking at an International level. A medical diagnosis and proof of impaired cognitive function is required to confirm that they meet the eligibility criteria for II sport

## ATHLETE DETAILS

Family Name:

Federation:

Given Name:

Date of birth (day/month/year)

Legal gender (as stated in passport): Male Female

Athlete Signature:

Parent /Guardian Signature:

(if athlete is under 18 or without legal competency to sign)

Parent /Guardian relationship to athlete:

## MEDICAL DETAILS

Athlete diagnosis:

Was this condition diagnosed before the athlete's 22<sup>nd</sup> birthday: Yes No

Are there any other medical factors which may contribute to the athlete's ability to compete? Examples Epilepsy or Diabetes Yes No

If yes, please list them here:

## SUPPORTING INFORMATION

Has the athlete had a full IQ test performed before the age of 22? Yes No Unknown

If yes, what was the score?

Has the athlete had an adaptive behaviour assessment? Yes No Unknown

If yes, what was the score?

Does/Did the athlete have a Special Educational Placement? Yes No Unknown

Does the athlete receive statutory financial support? Yes No Unknown

Does the athlete have a sheltered work placement? Yes No Unknown

Does the athlete live with parent/guardian, in a group setting,  
or independently with assistance from carers? Yes No Unknown

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 II Paracanoe competition

Doctors Name  Please print

Address of medical practice

Email

Phone Number

Practice stamp