



**INTERNATIONAL
BOWLS for the
DISABLED**

World Governing Organisation for Para Bowls

**International Bowls for the
Disabled Inc.**

Registered Office: 2a First Avenue, Forestville S.A. 5035,
Australia
ABN 86 790 300 272

Certificate of Diagnosis

The person below is required to undergo Classification to compete in IBD Competitions at National or International level. To assist the classification process a confirmation of the medical diagnosis is required.

PERSONAL DETAILS OF BOWLS PLAYER

FULL NAME:

DATE OF BIRTH:/...../..... MALE FEMALE

ADDRESS:

STATE:..... POST CODE:

COUNTRY: TELEPHONE NO:

EMAIL ADDRESS:

APPLICANT'S SIGNATURE:

(Consenting for doctor to release information to IBD)

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A DOCTOR OF MEDICINE ONLY

NAME OF APPLICANT:

DIAGNOSIS:

MEDICATION:

ANY OTHER RELEVANT FACTORS, e.g. EPILEPSY, DIABETES, HEART DISEASE, HAEMOPHILIA:

.....

.....

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:

.....

N.B. Information disclosed on this form will be dealt with according to the IPC code of ethics for Classification.



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Consent for IBD Classification

Consent & Classification Process Information:

1. For a bowler to be eligible to participate in an International Bowls for the Disabled (IBD) Bowling competition, the bowler must be classified by IBD authorised Medical and Technical Classifiers.
2. The IBD classification process involves bench (medical) test and bowling action (technical) testing and observation of first performance in competition.
3. To perform the bench (medical) test, the IBD Medical Classifier must examine all relevant movements and muscle groups.
4. In addition to the Certificate of Diagnosis submitted prior to the Classification date, bowlers are requested to bring Any relevant medical documentation and/or radiology reports with them (preferably not more than 12 months old). The Medical Classifier may not be able to complete a classification without all relevant up-to-date information.
5. The bowler is to agree to a full classification test regardless of any due pain. If the bowler is unable to conform, cooperate and/or continue with the IBD Classifiers, because of intense pain, further classification procedures can be declined and/or ceased.
6. Failure to conform and cooperate with the Classifiers or an inability to complete a classification will lead to ineligibility to compete in any events sanctioned by the IBD Committee.
7. The following is the Consent Agreement by the bowler to undergo Classification Testing, including medical (bench) and technical (bowling action) components plus observation in first performance in competition.

CONSENT AGREEMENT

I consent and agree

to undertake the appropriate classification tests for IBD competition

that the Classifiers are indemnified from any pain and suffering that I may experience in the course of the test and caused by such testing

to the Medical Classifier being able to share information with other medical personal involved in my case, should further clarification of my condition be required. A status of "CNC" (Classification Not Complete) may be issued until such information is received.

to any relevant classification information being collated and added to the IBD database for future reference

Full Name of Bowler:
(Please print clearly)

Signature of Bowler:

Date:

Witness signature of Guardian/Manager/Coach.....

Please note: The 3rd part of the Classification Process is observation of the bowler's first performance in competition. The classification decision is not finalised until this component is completed.