**World Boccia Medical Review Request Form (to be completed in English)**

|  |  |
| --- | --- |
| NPC/NF: | Click or tap here to enter text. |
| NPC/NF Contact person: | Click or tap here to enter text. |

**Athlete details**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: | Click or tap here to enter text. | | |
| First names: | Click or tap here to enter text. | | |
| Date of Birth: | Click or tap to enter a date. | Gender: | Male  Female |
| Sport Class: | Choose an item. | Sport Class Status: | Choose an item. |

**Next scheduled BISFed sanctioned competition**

|  |  |
| --- | --- |
| Competition Name: | Click or tap here to enter text. |
| Date (dd/mm/yyyy): | Click or tap to enter a date. |
| Location (City and Country): | Click or tap here to enter text. |

**Details on the change in impairment** (To be completed by a health professional with relevant expertise)

**Intervention details** (if applicable eg. Surgical, pharmacological, medical interventions)

|  |  |
| --- | --- |
| Date of intervention: | Click or tap here to enter text. |
| Location where  intervention was carried out: | Click or tap here to enter text. |
| Description of invertion: | Click or tap here to enter text. |
| Reason for intervention and expected outcomes: | Click or tap here to enter text. |

**Description of the change of impairment** (in case of progressive or fluctuating impairments, injuries etc.)

|  |  |
| --- | --- |
| Date of onset: | Click or tap to enter a date. |
| Brief description of change of impairment: | Click or tap here to enter text. |

**Supporting documentation attached:**

|  |
| --- |
| Click or tap here to enter text. |

**Health professional:**

**I confirm that the aboce information is accurate**

Name:Click or tap here to enter text.

Medical Speciality: Click or tap here to enter text. Registration Number: Click or tap here to enter text.

Address:Click or tap here to enter text.

ty:Click or tap here to enter text.Country:Click or tap here to enter text.

Phone: Click or tap here to enter text. e-mail: Click or tap here to enter text.

Date:Click or tap to enter a date.

Signature: Click or tap here to enter text.

**NPC/NF Verification**

NPC/NF contact person submitting the medical review request:

NPC/NF: Click or tap here to enter text.

Name:Click or tap here to enter text.

Position:Click or tap here to enter text.

E-mail:Click or tap here to enter text.

Signature:Click or tap here to enter text. NPC Stamp:

Date: Click or tap to enter a date.