



**IWAS Powerchair Hockey  
(IPCH)**

**Sport Section of the IWAS**

*The international Powerchair Hockey movement*



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## Medical Form

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*This completed, signed and stamped form shall be hand over by the athlete to the ICEWH Classifiers Panel, at the event, on the Day of Control.*

### Contact Person

Nation National Team:	
Name Contact Person: (Team Manager)	
Email address:	
Telephone number:	

### Athlete

Name:	
Sex:	
Date of birth:	
Diagnoses of Athlete:	
Prognosis:	
Date:	
Signature Athlete:	In case the athlete has the age <18 signature of parent / guardian:

### Medical doctor

Name:	
Function:	
Organisation:	
Date:	
Signature:	Stamp of doctor: