

APPENDIX 10

Athlete Epilepsy Declaration



To be completed by all athletes and uploaded to the Athlete's SDMS profile by **01 February** each season.

NPC	
SDMS ID No.	
Last Name	
First Name	

Please check the appropriate statement:

<input type="checkbox"/>	I hereby declare that I have not been medically diagnosed with any form of epilepsy.
<input type="checkbox"/>	I hereby declare that I have been medically diagnosed with epilepsy, but my condition is stable and I am free of any epileptic fit/seizure or epilepsy-related episode over the period of the last 12 months. <i>Please state type of epilepsy you have been diagnosed with:</i>
<input type="checkbox"/>	I hereby declare that I have been medically diagnosed with epilepsy, and that I have suffered an epileptic fit/seizure or epilepsy-related episode over the period of the last 12 months. <i>Please state type of epilepsy you have been diagnosed with, and date and details of the epileptic fit/seizure or epilepsy-related episode:</i>

Athlete signature	
NPC Representative signature	
NPC Stamp	
Date	

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