

INTERNATIONAL VA'A FEDERATION

MEDICAL DECLARATION

Full name of paddler:

ID:

Club/regional affiliation:

National Organisation:

NGA KAIHOE O AOTEAROA (NEW ZEALAND)

Generic name of medication and dosage (Rx):

Method of administration:

Indications for use:

Prescribing Physician:

Medical council registration Number:

Tel: (646)

e-mail:

Fax: (646)

Physician's address:

Signature of Physician:

Date:

Paddler's consent to provide a copy of this medical declaration to the National Sports Drug Agency,

I

(name)

agree to the

New Zealand Sports Drug Agency

(National Sports Drug Agency)

Passing this medical certificate or record thereof, provided by me for the purpose of complying with the doping control regulations of the IVF as are current and for that purpose only:

Signed:

date:

Parent/Guardian:

date:

(if under 16 years)