



# PARA - ARCHERY INTERNATIONAL CLASSIFICATION FORM 2019

**SOLICITAR AL COMITÉ MÉDICO FATARCO EL EXCEL ORIGINAL PARA SU USO**

gender	
status	
date of review	
WA ID	

FAMILY NAME:	
GIVEN NAME:	
BIRTHDATE:	

COUNTRY: \_\_\_\_\_

DATE OF CLASSIFICATION: \_\_\_\_\_

PLACE OF CLASSIFICATION: \_\_\_\_\_

ATHLETE'S SIGNATURE: \_\_\_\_\_

ASSISTIVE DEVICES

COMMENTS



Insert photo of unique device

CLASSIFICATION CLASS

Name of authorised classifiers (block capitals):

\_\_\_\_\_

CLASSIFIER Signature .....

\_\_\_\_\_

CLASSIFIER Signature .....

**Comité Médico FATARCO**

