


PARADRAGON CERTIFICATE OF DIAGNOSIS

General notes:

1. The Certificate (below) is in two parts:
Part 1 – to be completed by the paddler
Part 2 – to be completed by a suitably qualified medical practitioner
2. All items prefixed with a * must be completed
3. The certificate can be completed in handwriting or typed but must be:
 - completed in English; and
 - legible!
4. Additional sheets may be used if there is insufficient space in the form provided

Part 1 (to be completed by the paddler)

PADDLER INFORMATION		 Attach photo (Note 1)		
* Family name / surname:				
* Given / first name:				
* Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	* Date of birth:		
			Day	Month
* Nation or club				
When moving towards a boat before loading, do you use:	Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Walking stick <input type="checkbox"/>	* Will you need assistance from race officials when loading or unloading the boat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Can you swim 50m in paddling clothing without buoyancy aid? (Notes 2 and 3)				Yes <input type="checkbox"/> No <input type="checkbox"/>
If you live with more than one impairment, which one do you consider affects your ability to paddle the most? Note 4				
Other information that may assist IDBF. For example: <ul style="list-style-type: none"> • Help you need at boat loading / unloading • Information about your condition that may assist officials 				
Notes: 1. A recent 'passport style' photograph is required 2. This is to assist officials in planning racing; if you cannot swim 50m <u>you will still be allowed to race</u>) 3. The use of buoyancy aids may be mandated by race officials or your team but, if not, can always be worn regardless 4. This is the 'principal' impairment per Section 4.4 5. You are certifying all of the information in Part 1 is correct		* Paddler's signature: (Note 5)		
		* Date of signature:		
			Day	Month
			Year	

Part 2 (to be completed by a suitably qualified medical practitioner)

*Paddler name		
* MEDICAL CONDITION (attach additional sheets if more space is required):		
'Principal' impairment (please provide your diagnosis of the impairment that the athlete has identified as the one that has the great impact on their ability to paddle).		
Nature of 'principal' impairment:	Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Neurological <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Developmental <input type="checkbox"/>	
Diagnosis		
Other impairments (Only complete if relevant).		
Diagnosis / diagnoses		
* Approximately how long has the individual been experiencing the impairment(s)?		years
* Are there any reasons why the individual should <u>not</u> compete in the sport of dragon boating?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:	

Part 2 (continued)

DECLARATION					
* Name:					
* Relevant qualifications:					
* Address of medical practice:					
* Telephone number					
Email:					
* I hereby certify that I have known the person named in this certificate for _____ years and that the individual has the impairment(s) I have described.					
* Signature of medical practitioner		* Date of signature			
			Day	Month	Year