

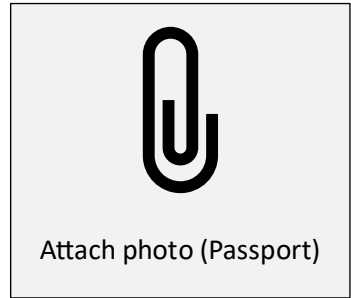


IDBF Breast Cancer Survivor Certificate of Diagnosis and Fitness to Paddle



Part 1 (to be completed in BLOCK LETTERS by the athlete)

| ATHLETE INFORMATION | | | | |
|--|-------------|---------------|--------------|----------------------|
| Family name / Surname | | | | |
| Given / First name | | | | |
| Date of birth | | | | |
| | Day | Month | Year | |
| Gender | Male | Female | Other | |
| | | | | |
| Nation or club | | | | |
| Can you swim 50m in paddling clothing without buoyancy aid? (Notes 1 and 2) | | | | Yes No |
| Athlete's signature | | | | |
| Date of signature (Note 3) | | | | |
| | Day | Month | Year | |



Notes:

1. This is to assist officials in planning racing; if you cannot swim 50m you will still be allowed to race)
2. The use of buoyancy aids may be mandated by race officials or your team but, if not, can always be worn regardless
3. You are certifying all information in Part 1 is correct

Part 2 (to be completed in BLOCK LETTERS by a qualified medical physician)

| | | | | |
|--|---------------------------------------|--------------------------------|------------------|-----------------|
| FAMILY NAME | | | | |
| FIRST / GIVEN NAME | | | | |
| MEDICAL DIAGNOSIS (attach additional sheets if more space is required): | | | | |
| | | | | |
| Medications | Dosage | Route of Administration | Frequency | Duration |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Are there any reasons why the individual should <u>not</u> compete in the sport of dragon boating? | Yes No If yes, please describe: | | | |
| | | | | |

Part 2 (continued)

| DECLARATION OF MEDICAL PHYSICIAN | | | | | |
|---|--|--------------------------|------------|--------------|-------------|
| 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 diagnosis I have entered above. | | | | | |
| Signature of medical practitioner and stamp and practicing licence number | | Date of signature | | | |
| | | | Day | Month | Year |

The fully completed certificate with photo should be given to the Team manager.

If asked by an IDBF Official the Team Manager will be required to show a hard copy of this certificate.

The IDBF and IBCPC thank you for your time and cooperation.

PLAY TRUE AND FAIR SPORT FOR ALL