

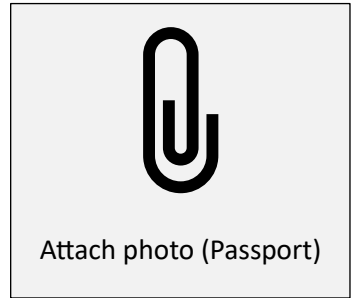


IDBF All Cancer Survivor Certificate of Diagnosis



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 thanks you for your time and cooperation.

PLAY TRUE AND FAIR SPORT FOR ALL