



## INTERNATIONAL DRAGON BOAT FEDERATION PARADRAGON CERTIFICATE OF DIAGNOSIS

The International Dragon Boat Federation (IDBF) is the peak body for the sport of dragon boating. One of the race categories offered as part of international competition is that of 'paradragons'. Paradragons are paddlers who have some form of physical, psychological, neurological, sensory, or intellectual impairment that affects the way in which the individual can train and compete in the sport of dragon boating.

In order to satisfy IDBF race rules, each Paradragon paddler must submit a 'certificate of diagnosis' to IDBF. This certificate (below) must be signed by a registered medical practitioner, as well as by the individual.

**This form must be completed in English. All items prefixed with a \* must be completed.**

PADDLER INFORMATION					
* Family name / surname:					
* Given / first name:					
* Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	* Date of birth:		
			Day	Month	Year
* Club being represented:					
When moving towards a boat before loading, do you use:	Wheelchair <input type="checkbox"/>	Crutches <input type="checkbox"/>	Walking stick <input type="checkbox"/>	* Do you need assistance when loading or unloading the boat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* The wearing of buoyancy aids for Paradragon events will be compulsory. Can you swim 50m while wearing a buoyancy aid? (Note: this is to assist officials in planning racing; if you cannot swim 50m you will still be allowed to race)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other information that may assist IDBF. For example:					
<ul style="list-style-type: none"> <li>Help you need at boat loading / unloading</li> <li>Information about your condition that may assist officials</li> </ul>					
			* Paddler's signature:		
			* Date of signature:		
			Day      Month      Year		



<b>MEDICAL CONDITION</b> (to be completed by a registered medical practitioner):				
* Impairment (tick all that apply): Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Neurological <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/>				
* Diagnosis:  Continue on a separate sheet if more space is needed				
Approximately how long has the individual been suffering from the impairment(s)?				years
* Are there any reasons why the individual should not compete in the sport of dragon boating?  Continue on a separate sheet if more space is needed		Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please describe:		
<b>DECLARATION</b>				
* Name:				
* Relevant qualifications:				
* I hereby certify that I have known the named individual for _____ years and that the individual has the impairment(s) I have described.				
* Address of medical practice:				
		Country: _____		
* Telephone number				
Email:				
* Signature of medical practitioner		* Date of signature		
		Day		Month
				Year
* Official stamp of medical practice				