**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  Female | \* Date of birth: |  |  |  |
| Day | Month | Year |
| \* Nation or club being represented: |  | |  | | |
| When moving towards a boat before loading, do you use: | Wheelchair  Crutches  Walking stick | \* Do you need assistance when loading or unloading the boat? | Yes  No | | |
| \* 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  No | | |
| Other information that may assist IDBF. For example:   * Help you need at boat loading / unloading * Information about your condition that may assist officials |  | | | | |
|  |  | \* Paddler’s signature: |  | | |
|  |  | \* Date of signature: |  |  |  |
| Day | Month | Year |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL CONDITION** (to be completed by a registered medical practitioner): | | | | | | |
| \* Impairment (tick all that apply): Physical  Psychological  Neurological  Intellectual  Sensory | | | | | | |
| \* 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  No  If yes, please describe: | | | |
| **DECLARATION** | | | | | | |
| \* 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 |  | | | | | |