



**INTERNATIONAL RAFTING FEDERATION**  
**COMPETITOR PHYSICAL DECLARATION &**  
**MEDICAL CONDITION FORM**

From March 2021

## Competitor Personal Physical Declaration Form

Family name:	First name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy):
Nationality:	Team:
Physical Impairment:	<input type="checkbox"/> Unstable <input type="checkbox"/> Stable
Impairment details:	
When moving towards raft before loading, do you use:	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Assisted <input type="checkbox"/> Walking aid <input type="checkbox"/> No assistance required
Do you need assistance when getting in or out of the raft? Weight in kg if assistance is required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 150px;">Kg</span>
Can you keep your feet up in whitewater float position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you swim 50m while wearing a PFD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you hold & see a throw-bag line in rescue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In rescue can you get yourself back in the raft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform aggressive swim in self-rescue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a releasable system to be supported on the raft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need assistance getting in raft in a rescue situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand full safety briefings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In rescue situations can you assist others into the raft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In rescue situations can you re-right flipped raft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other information that may assist IRF. For example: Help you need at raft loading / unloading Information about your condition that may assist officials	
Competitor signature:	
Date of signature (dd/mm/yyyy):	



## Para Rafting Medical Condition Form

To be completed by a registered medical practitioner

Family name:	First name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth (dd/mm/yyyy):
Impairment: <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Neurological <input type="checkbox"/> Sensory	
Diagnosis: Continue on a separate sheet if more space is needed	
Approximately when did the impairment(s) occur? <input type="checkbox"/> Since birth <input type="checkbox"/> Date(s) of impairment occurrence:	Details:
Are there any medical precautions that may affect the individual in the sport of Para Rafting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:

### DECLARATION

Practitioner Name:	
Practitioner Relevant Qualification(s):	
Years I have known the individual:	
I hereby certify that I have known the named individual for the stated number of years and that the individual has the impairment(s) I have described.	
Full address of medical practice:	
Telephone number:	Email:
Signature of medical practitioner:	Official stamp of medical practice:
Date of signature (dd/mm/yyyy):	

