

IVF DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

Name: _____ IVF Member _____
(Nation, Territory, Region)

I, _____, wish to compete in IVF Adaptive Paddling events.
(PLEASE PRINT FULL NAME)

I understand that IVF requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition(s).

(Please circle any applicable conditions, otherwise print n/a if there are no associated medical conditions)

PERTINENT MEDICAL HISTORY:

Diabetes____ Heart Disease____ Cancer____ Stroke ____ Recent Fracture____ Hypertension(high blood pressure)____

Asthma____ Autonomic Dysreflexia____ Dehydration____ Seizures____ Other _____

Possible Medical Complications: _____

Steps that must be taken if this should arise: _____

Allergies: _____

All medication is as follows: _____

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time, e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF PADDLER: _____

SIGNATURE OF WITNESS: _____

PRINTED NAME OF WITNESS: _____

DATE: _____