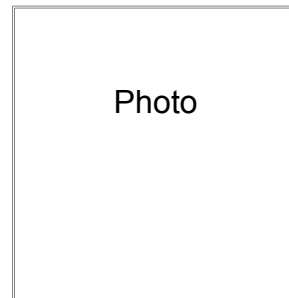


# DECLARATION of PHYSIOLOGICAL CONDITIONS

(please print all information and complete in English)



**Athlete's Name:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Registration No. (If known)** \_\_\_\_\_

Certain physiological conditions may prevent an athlete from performing strokes correctly in accordance with IAADS Rules. This form is to be used to document those conditions, for an assessment by the IAADS Medical and Technical Staff to allow for Exemptions to be authorised from the IAADS Rules. These Exemptions will be subject to review by IAADS Medical and Technical Director during competition.

The form is to be resubmitted not less than every two (2) years for review of the conditions.

**DECLARATION** The above named athlete has the following physiological conditions which impact on his/her ability to perform athletics technical skills in accordance with the published rules: (Please provide outline diagnosis of physical impairment/condition, together with an estimate of physical effect on athletic function)

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*Continue on a separate page if necessary. Please attach details of medical diagnosis/physical conditions for the assessment of the IAADS Medical Officer*

**DIAGNOSIS:**  applicable      Please attach medical Letter/Evidence  
 Down Syndrome 21       Mosaic Down Syndrome

**AAI – Atlanto Axial Instability**

Symptomatic AAI       Asymptomatic AAI       Clear

1. Did the athlete have appropriate physical health to participate on the tournament?  
 Yes       No       Restrictions \_\_\_\_\_

2. Does he/she take any medication? Yes       No       In case of Yes, which?

Substance(s): Generic name	Dose of administration	Route of Administration	Frequency of Administration
1.			
2.			
3.			

<b>Intended Duration of Treatment</b> (please pick an appropriate box)	Once Only <input type="checkbox"/> Emergency <input type="checkbox"/>
	Duration (week/month) .....

3. Does he/she have any medication allergy? Yes  No  In case of Yes, which?

4. Does he/she have any food allergy? Yes  No  In case of Yes, which?

5. Does he/she have any food intolerance? Yes  No  In case of Yes, which?

6. Health care: Allergies  Asthma  Skin  Epilepsy  Lung

7. Surgery \_\_\_\_\_

8. Any special care: \_\_\_\_\_

9. Vaccines: Tetanus \_\_/\_\_/\_\_; Hepatitis \_\_/\_\_/\_\_

### Medical practitioner's and athlete's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications may need registering on a TUE Form according the WADA Code.

#### DOCTOR /CONSULTANT contact information: MAILING ADDRESS

Name:	
Medical Speciality	
Address City, Post Code, Country	
Phone (inc Country Code)	Doctor's Name Surgery Stamp  Essential
Fax	
Email	
Signed	
Signature of athlete	
Signature of Parent/Guardian (if under age 18)	
Name	Date

**CONFIDENTIAL**

	FORMS REQUIRED	Checked
1	Registration Application Form	
2	Declaration Of Physiological Conditions	
3	Medical Conditions that may require Emergency Measure	
4	Confirmation of Down 21 or Mosaic Down Syndrome	
5	All appropriate Medical Reports	
6	Atlanto Axial Declaration Letter	
7	Confidentiality and Data Protection Statement	
8	Three Passport Photographs	
90	Registration Fee	

## Notes on Completion:

### **This Form must be completed in English**

Ensure that you complete ALL sections of each of the following forms.

Athletes who were previously Registered must complete the Form titled “Registration Application” and are required only to submit other Forms where there has been change or where a new Exemption is being requested.

Ensure that you submit verified copies of medical statements and accompanying documentation.

On first Application a Chromosome Report is to be provided as evidence of Diagnosis of either Trisomy 21 or Mosaic Down Syndrome, athletes who do not provide sufficient evidence will be regarded as Mosaic Down Syndrome for the purposes of International Competition. This is only required on initial Registration or if a change is known.

athletes must provide verified evidence of AAI (Atlanto Axial Instability) status; note that any person diagnosed with Symptomatic AAI will NOT be permitted to compete.

When asking a physician to detail medical / physical conditions affecting strokes, ensure you make him/her aware of the stroke laws, particularly with relationship to breaststroke legs

Coaches ensure that all sections of the Dive Start Form are correctly completed; this is essential for the athlete’s safety. Athletes with incomplete or wrongly completed Dive Start Forms will be required to start from in the water.

Where a Form requires a Registration Number this may be left blank if this is your first Application

### **NOTE Additional Use of Forms other than for athletes**

Since at Competitions we have athletes, Staff, Coaches, Parents and Guardians the IAADS Medical Officer has advised us that, for safety reasons, we need to have information about ALL the members of a team at that competition.

Therefore, some information forms will be requested for completion by all team members for official IAADS Competitions and these will be included in the Application Pack for Competitions.

# REGISTRATION



NAME:

athlete  Technical  Coach  Carer  Parent/Guardian/Ward

Registration No (if known)

**General Information** Complete the following information from your Passport

Surname (Family Name)

First (Given) Name

Nationality

Passport Number

Expiry Date \_\_\_ / \_\_\_ / \_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Sex Male  Female

Photo

**Diagnosis**

Down Syndrome 21  Mosaic Down Syndrome

Atlanto Axial Instability  Symptomatic AAI  Asymptomatic AAI  Clear

## Contact Information: MAILING ADDRESS

Address

Phone (inc Country Code)

Fax

Email

## PARENT OR GUARDIAN DETAILS

Name:

Address:

Phone (inc country code)

Fax

E Mail

Relationship

Signature

*Team Managers are responsible for ensuring that they have sufficient medical insurance for travel out side of their country of residence. Please bring proof of insurance with you when travelling.*

*Prescription medicine should be brought in marked prescription containers*

## **CONFIDENTIALITY & DATA PROTECTION STATEMENT**

### **Confidentiality of Information and/or Data Protection Statements**

I understand that the information contained in this form will be circulated and processed as necessary by International Athletics Association for Down Syndrome and associated organisations in order to confirm my status as an athlete with Down Syndrome with organisers of sporting events I may enter worldwide

I understand that this information will also be held on file, circulated and processed as necessary by International Athletics Association for Down Syndrome (IAADS)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(NOTE** If the person signing this form is under the age of 18 years then it should be countersigned by a Parent/ Guardian or Advocate)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

***Please return complete Form with all associated parts to:***

**CEO  
IAADS**

Forms should be sent securely by Registered Post or equivalent.

The sender is strongly advised to keep a copy of all documents