

## **DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY PROCEDURES**

**[please print all information and complete in English]**

### **Explanation:**

For a swimmer to be eligible to compete in an IPC Swimming competition all associated medical conditions must be declared.

The swimmer's declaration should include:

- 1 the condition ;
- 2 the management plan for the condition.

The declaration is made in an attempt to ensure that adequate safety procedures and protocols are observed for medical conditions, to ensure the safety of the swimmer, and manage, the possible impact on other swimmers in the competition.

This form has been introduced as a result of previous incidents on pool deck, which could have been avoided with proper notification and the necessary action plan in place. To try and ensure that this type of incident does not occur in future, the declaration form has been designed. All swimmers with associated medical conditions, which may require specific and immediate onsite management, must complete this form.

These conditions include but are not limited to asthma, seizures, epilepsy, diabetes, low blood pressure, cardiac abnormalities and a tendency to hyperventilate.

Failure to declare a known existing condition and outline the necessary management will result in the swimmer being deemed ineligible to compete in the competition, which a condition results in performance of a rescue.

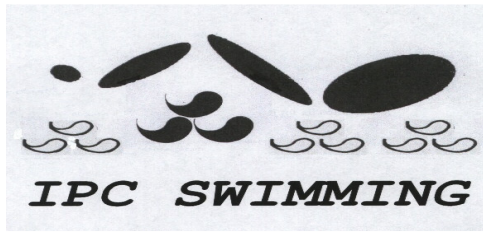
If a condition becomes evident for the first time during competition and is diagnosed at the time [e.g. dehydration], the swimmer will still be eligible to compete so long as the swimmer observes the recommended management for the condition.

The declaration form should be completed by the swimmer and their personal or team physician, please ensure that the competitor has stated all known medical conditions that may require onsite management and include the current management protocol.

The content of this form is confidential. This form is required to ensure that the personnel responsible for safety on pooldeck are alerted to swimmers who may require assistance. This information is filed with the individuals classification sheets and is accessible to authorised FCS classifiers only.

The preference is to have the athlete's personal physician complete the declaration form.

**All Swimmers [classes S1 through S14] must complete this form.**



**DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE  
EMERGENCY MEASURES**  
[please print all information and complete in English]

I .....wish to compete in the IPC swimming competition.  
[PLEASE PRINT FULL NAME]

I understand that IPC Swimming requires me to state any known medical conditions that may compromise my safety in the water. I understand that I must state the current management for my condition[s]  
(*please print n/a if there are no associated medical conditions*)

I suffer from \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The current management for the above is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 SWIMMER :** \_\_\_\_\_

**SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18] :** \_\_\_\_\_

**SIGNATURE OF PERSONAL DOCTOR/TEAM  
PHYSICIAN** \_\_\_\_\_

**SIGNATURE OF WITNESS** \_\_\_\_\_

**DATE :** \_\_\_\_\_

This form is to be resubmitted if there are changes to the condition and medication and/or management.