



MEDICAL CERTIFICATE

This document can be used for medical proof of diagnosis and certification of fitness to paddle.

This form must be signed by the paddler, and the physician who confirms the diagnosis and /or fitness of the paddler.

Paddler details

Full name: _____ Date of Birth: _____

Address: _____

Details of certifying health professional.

Health Professional name: _____

Specialization: _____ Role: _____

Address: _____

Registration number: _____ Registration body: _____

I confirm the medical examinations for the above person are consistent with a diagnosis of Breast Cancer

I certify the above person is of reasonable fitness and health that they will be able to take part in a paddling competition over 2 days

Signed (health professional): _____ Date: _____

By signing this, the paddler, named above, confirms these details are true and correct, and understands the requirements of competing in the IBCPC Participatory Festival, 2023.

Signature of paddler: _____ Date: _____