

PAWC Request form

The first part of this form must be completed by your doctor

Personal Details:

First name: Surname:

Date of birth: Nationality:

Address: Zip code:

Residence: Country:

Medical Physical / Psychiatric Diagnosis:

.....
.....
.....

Disabled since: (Date)

circle the correct answer!

At birth yes / no

As a result of illness: yes / no

As a result of accident yes / no

Use of transport devices: yes / no (by 'no' go to use of walking aids)

Electric wheelchair: yes / no

Scooter: yes / no

Other electric transport: yes / no

Manual Wheelchair: yes / no

Use of walking aids: yes / no (by 'no' go to artificial limbs)

Walker: yes / no

Crutches: yes / no

Cane (-s) (for ex. Blind cane): yes / no

Other walking aids: yes / no

Artificial limbs:

yes / no (by 'no' go to other tools)

One forearm / arm / hand:

yes = Left / Right / no

(Delete as applicable)

2 Forearms / arms / hands:

yes / no

(Delete as applicable)

1 Foot / Leg /Thigh:

yes = Left / Right / no

(Delete as applicable)

2 Feet / Legs / Thighs:

yes / no

(Delete as applicable)

Other tools, namely:

.....
.....

The quality and quantity of walking and running: (only to fill in for walking participants)

The own base-walking pace can be accelerated:

yes / no

Running is possible:

yes / no

While running, with maintaining the speed, a curve can be taken:

yes / no

It is possible to keep the running for 2 minutes:

yes / no

Are there during the walk / run balance disorders:

yes / no

Clear, detailed description of the handicap compared to the agility sport:

(Why is the above person harmed if he / she would participate in the agility valid?)

.....
.....
.....
.....
.....

Chance of recovery:

no partial full

filled in by:

Name (doctor):

Address:

Zip code / Residence:.....

Phone number:

@-Adress:

official stamp of the doctor:



The next part of the application form is filled in by the participant.

Competition experience:

Only with disabled participants: yes / no

Only with non disabled participants: yes / no

Mixed not disabled and disabled participants: yes / no

Within your own association: yes / no

In your own country (where you live): yes / no

International: yes / no

Last matches:

Own association: (Date)

Own country: (Date)

International: (Date)

To this form please add:

- A Medical certificate from your doctor
- 3 videos of **National or International matches**, not older as 1 year
- Wheelchair / scoot mobile insurance copy, if you use one at the match.

Send this entire information to:

Susan Rekveld
susanrekveld@para-agility.nl

We need the COMPLETE information to take your request into process.

Truthfully:

(Signature)

(Date)