PARA VA'A TECHNICAL QUESTIONNAIRE
(NEUROLOGICAL IMPAIRMENT)

IMPORTANT INSTRUCTIONS:

This form must be completed entirely in **English**.

This form is to be completed by paddlers with neurological impairment.

It is designed to evaluate how neurological conditions impact training and on water paddling dynamics to assist classification processes.

Section 1, 2, & 3 are to be filled out by the paddler (or parent/guardian).

Section 4 is reserved for official classification and on water evaluators.

SECTION 1: PADDLER PERSONAL DETAILS (To be completed by paddler)

Family Name (Last Name as per passport): _____

Given Name (First Name as per passport): _____

Preferred Name (to be called by) (Print): _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Sex: ☐ Male (M) ☐ Female (F)

Paddler Address: _____

Country: _____

Form Version: July 2026

SECTION 2: CLINICAL BACKGROUND & NATURE OF IMPAIRMENT (To be completed by paddler)

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1. Onset of Impairment:

☐ Congenital (since birth)
☐ Acquired / Developed

If acquired, what was the date/year of diagnosis? _____

Were you an active paddler before this diagnosis? ☐ Yes ☐ No

2. Progression of Symptoms: ☐ Stable ☐ Fluctuate ☐ Deteriorating / Progressive

3. Anatomical Distribution: What specific parts of your body are affected by the impairment?

_____

_____

_____

4. Medication: Do you take any regular medication to help alleviate the symptoms of your condition?

☐ Yes ☐ No *(If yes, list medications):* _____

Paddler Family Name: _____

SECTION 3: PADDLING HISTORY & TRAINING (To be completed by paddler)

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1. Paddling Experience: How long have you been actively paddling? _____

2. Highest Level of Competition Achieved: ☐ Recreational ☐ Regional ☐ National

3. Paddling Capability: Are you able to independently paddle a single va'a (V1), or do you only compete in team canoes (V6 / V12)?

☐ Able to paddle V1
☐ V6 or V12 Only

4. Training Volume: How often are you currently able to train per week? _____

5. Stroke Preferences:

Which side do you primarily paddle? ☐ Left ☐ Right

Are you functionally able to switch to the other side mid-paddle? ☐ Yes ☐ No

Paddler Family Name: _____

SECTION 4: DATA PROTECTION & PRIVACY NOTICE

The International Va'a Federation (IVF) acts as the data controller for the athletic and technical data collected on this form. Your profile and technical capabilities will be processed to determine classification parameters and ensure water safety.

Please tick the following:

☐ I have read, understood, and agree to the full IVF Data Privacy Policy available online and consent to the processing and transfer of my personal and medical data for these purposes.

SECTION 5: SIGNATURES & AUTHORISATION

Paddler Name (Print): _____

Paddler Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

Required if the paddler is under 18 years of age:
Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

Print Witness Name: _____

Witness Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

(Parent/Guardian signature required if the paddler is under 18 years of age)

FOR CLASSIFIERS USE ONLY

Testing Location: _____

Date (MM/DD/YYYY): _____ / _____ / _____

If the paddler has indicated capability to paddle a single va'a (**V1**), they are cleared to demonstrate functional abilities via the **Va'a On Water Assessment**.

Note: For this specific evidence gathering exercise, the assessment should be scored; however, the score will not be factored into the final classification output.

Evaluated for V1 On Water Assessment? ☐ Yes ☐ No

Classifiers' Diagnostic & Technical Comments:

_____

_____

_____

Medical Classifier Name: _____ **Signature:** _____

Technical Classifier Name: _____ **Signature:** _____

Paddler Family Name: _____