



Para V Swimmer Disability Questionnaire

1. Swimmer Details

Name: _____

Likes to be called: _____

Gender: Male Female Other Prefer not to say

Date of Birth: _____

Weight (For safety/rescue team): _____ Kgs _____ Stones lbs

Contact Details:

Phone: Mobile: _____ Home: _____

Email: _____

Summary Details

Please describe your disability or medical condition: _____

Please tick as appropriate:

Are you comfortable being lifted if required? Yes No

Are you comfortable with mass starts if consideration is taken of your disability / condition?

Yes No

Are you comfortable with mass exits if consideration is taken of your disability / condition?

Yes No

What considerations would facilitate you taking part? _____

Are you comfortable wearing an identifying swim cap or band to make the safety team aware that you have a medical condition or disability?

Yes No



2. Assistant Details

Will an assistant/helper or relative be present and available to assist? Yes No

Name: _____

Relationship (please state): _____

Likes to be called: _____

Contact details: Mobile: _____

Are they able to assist with transporting any special equipment? Yes No

Are they able to assist with assisting entry/exit if required? Yes No

3. Disability Details

Wheelchair user? Yes No

Full time? Yes No

Wheelchair users

Disability - Paralyzed? Yes No

Level of paralysis: _____

Are you comfortable if we need to physically assist you in and out of the water?

Yes No

Do you have access to an offroad chair? Yes No

Hearing

Hearing Impairment? Yes No Do you lip read? Yes No

Do you sign? Yes No

Are you able to communication on your own with someone who does not sign?

Yes No

Are you familiar with visual methods for starting an event/race? (e.g. light/gesture) please list:



Sight

Sight impairment? Yes No

To what degree is your sight impaired? (please give more details) _____

Are you able to swim without a guide? Yes No

What is your preferred method of guided swimming? (e.g. swimmer alongside/headset/microphone/other).

Are you able to distinguish buoys/course markers? Yes No

Physical

Amputee? Yes No (if yes, please specify below)

Limb	R/L	Yes	No	Site	Yes	No
Upper Limb	Left Arm			Above Elbow		
	Right arm					
Lower Limb	Left Leg			Above Knee		
	Right leg					

Do you normally wear a prosthesis to get around? Yes No

Do you need to wear a prosthesis to enter and exit the water? Yes No

If not an amputee please describe your physical disability(s): _____

4. Mobility Aids

Do you use crutches to get around? Yes No

Do you need some form of braces (s) to assist your mobility? Yes No

Do you need to use crutches/stick to enter and exit the water? Yes No

Will you need these to be at the entry and exit? Yes No

Is your assistant/partner able to help you enter/exit the water? Yes No



5. 'Hidden' (Non-visible) Disability

Do you require any modifications or assistance to enable you to participate in this swim?

Yes No

Do you have any disability /conditions you would like us to know about? Yes No

If yes, please describe: _____

How might your disability/condition affect your swim? _____

Is there anything our safety team should know in case of the need for recovery during your swim?

How can we facilitate your comfort before, during and after your swim?

Please complete other sections of this form as appropriate so we can fully understand your support/accessibility needs.

6. Other Conditions

Do you suffer from any other conditions, and if so, how do they affect you and your ability to swim?

7. Medication

Are you taking prescription drugs? Yes No

Do we need to ensure you have these accessible to you during the swim? Yes No
If 'yes' describe how this can be best achieved for you: _____



8. Access to the waterside

Please indicate whether you are able to access entry points through the following locations and in the following conditions where there is no hardened path:

Entry point access through:	Conditions (Y/N)		
	Dry	Wet	Snow
Grass/ Field			
Woodland Path			
Beach (sand)			
Beach (pebble)			
Stiles			
“Kissing gates”			

9. Entry and Exit

Please indicate all the types of entry / exits that you are comfortable in using:

Type of entry/exit	Conditions (Y/N)		
	Dry	Wet	Snow
Ramp			
Beach (sand)			
Beach (pebble)			
Steps			
Steps with railings			
Pontoon			
Ladder			
Step up/ down grassy bank			



10. Other Facilities

Do you require:

Facility	Yes	No
Accessible parking?		
Accessible toilets?		
Accessible changing?		
Accessible café/refreshments?		

Any further information that can enable us to make our swim(s) accessible for you?

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