PARTICIPANT MEDICAL FORM AND APPLICATION

TO BE COMPLETED BY THE ATHLETE Date ____/____/______

NAME:_______________________________________ PHONE:(____) ______________
ADDRESS:____
CITY:___________________________ STATE:_________ ZIP:____________________
DATE OF BIRTH: ____/____/_______ EMAIL ADDRESS:________________________
HEALTH INSURANCE:___________________ POLICY NUMBER:_________________
WHEELCHAIR USER: YES NO SEAT WIDTH:___________________________
EMERGENCY CONTACT:_____________RELATIONSHIP:________PH#(__)________
DIAGNOSIS:____
CAUSE:_____________ CONGENITAL (present at birth) OR_________ ACQUIRED

____/_____/_____DATE OF INJURY
_____ HEAD INJURY DUE TO (type of accident)________________________________
_____ AMPUTATION LEVEL _______ CAUSE _________________________________
_____ STROKE: CAUSE ____
_____ SPINAL CORD INJURY:____ COMPLETE____ INCOMPLETE LEVEL _______
CAUSE____
_____ OTHER (specify disability and cause) ____________________________________

LIST ALL SURGERIES (procedure and date) ____________________________________
____
MEDICATION YOU ARE CURRENTLY TAKING (prescription and over the counter)
____
ALLERGIES:____

MEDICAL HISTORY

SEIZURES	NO	YES TYPE___________________
NUMBER IN PAST 12 MONTHS ______		DATE OF MOST RECENT___/__/__
DIABETES	NO	YES
INSULIN DEPENDENT	NO	YES EXPLAIN_______________
HIGH BLOOD PRESSURE	NO	YES
HEART DISEASE	NO	YES SPECIFY_______________
LUNG DISEASE/ASTHMA	NO	YES SPECIFY_______________
HEART RELATED PROBLEMS	NO	YES SPECIFY_______________

OTHER (specify)____
Are you currently involved in any outpatient therapies? NO YES
Explain:____

FOR THE PURPUSES OF COMPETITIVE/RECREATIONAL
PARTICIPATION IN THE FOLLOWING SPORTS/ACTIVITIES

____SWIMMING ___BEEP BASEBALL____W/C BASKETBALL____Q-RUGBY___TRACK & FIELD___SAILING
___SCUBA DIVING___POWER SOCCER____STRENGTH & CONDITIONING___W/C TENNIS____ROAD RACING____GOLF
___ROCK CLIMBING____WATER SKIING___HORSEBACK RIDING___ WHITE WATER RAFTING____SNOW SKIING

____ HUNTING/ FISHING_____BOWLING____CANOEING/KAYAKING____ GYMNASTICS____JUDO____GOAL BALL
____BOCCIA BALL ____BILLIARDS ____ PING PONG ____ CYCLING ____VOLLEYBALL ____SLED HOCKEY

Permission is given to RHI, its representative, a representative of the local team, or local competition organizing committee to seek medical care in case of an emergency for the above person.

____ _____/____/________
Signature of participant or parent/ guardian if under 18 *date*

TO BE COMPLETED BY PHYSICIAN

PARTICIPANTS NAME:____
DIAGNOSIS (list all)____
IMPAIRMENTS (E.g. Hemiparesis, etc)
____
HEIGHT:__________ WEIGHT:_______ PULSE:_______ BP:_______ SEX:________

PHYSICAL EXAM	NORMAL	ABNORMAL	EXPLANATION OF ABNORMALITIES
HEAD/NECK	________	___________	_______________________
EYES/VISION	________	___________	_______________________
EARS/HEARING	________	___________	_______________________
HEART/LUNGS	________	___________	_______________________
G.U.	________	___________	_______________________
C.N.S.	________	___________	_______________________
SKIN	________	___________	_______________________
ORTHOPEDIC EXAM			

ROM LOSS/CONTRACTURES:____
JOINT LAXITY/ INSTABILITY:_______________________________________
OTHER:____

DATES OF HOSPITALIZATION OVER LAST TWO YEARS WITH ADMITTING DIAGNOSIS:____
SIGNIFICANT “ABNORMAL TEST” (EKG/XRAY/LAB):_______________________
____
APPROVAL FOR PARTICIPATION:_________YES________NO
COMMENTS/ RESTRICTIONS:____
____
PHYSICIAN’S SIGNATURE:________________________ DATE ___/____/_______
PRINT NAME:____________________________ PHONE (___)__________________
ADDRESS:____
CITY:_____________________________ STATE:____________ZIP:______________

RETURN TO: RHI Sports Program
4141 Shore Drive, Indianapolis, IN 46254
DO NOT FAX- only original document accepted