

Rancho Wheelchair Sports Program

Physical Form

This portion of the form must be completed by parent of athlete (for minors under 18 years of age) or adult participants.

Last Name First Name Middle Name:

Home Phone :(_____) _____ Cell Phone :(_____) _____

Grade: _____ School: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Doctor's Name: _____

Medical and Physical Examination: To be completed by physician.

[] Diagnosis: _____

Date of onset: _____

[] List all allergies _____

[] Neurological Disorder (epilepsy, convulsions, headaches) _____

[] Lung Disease (or asthma) _____

[] Heart disease, heart murmur, chest pain _____

[] High or abnormal blood pressure _____

[] Shortness of breath _____

[] Impaired vision or hearing _____

[] Recent surgical operations, fractures, or accidents (within the last year) _____

[] Skin Problem (decubitus, ulcer) _____

[] Currently taking medications (list names, frequency and dosages)

[] Does the participant have a shunt? _____

Height: _____ Weight: _____ Neck: _____

Blood Pressure: _____ Pulse: _____ Heart: _____

Urinary Tract: _____ Lungs: _____

Abdomen: _____ Bowel: _____ Bladder: _____

Mental Health Concerns: _____

Physician: Please initial appropriate line:

_____ From the above information and the screening physical examination, it is my opinion that this individual **is able** to participate in adaptive sports activities **without restrictions**.

_____ From the above information and the screening physical examination, it is my opinion that this individual **is not able** to participate in adaptive sports activities.

_____ From the above information and the screening physical examination, it is my opinion that this individual **is able** to participate in adaptive sports activities **with restrictions. Please list restrictions:**

Physician's signature: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

Parent signature: _____ **Date:** _____

Please return form to:
Lisa Hilborn, Rancho Wheelchair Sports Program,
7601 E Imperial Hwy, Downey, CA 90242
Please call Lisa Hilborn 562) 889-9528 or
E mail at: Ranchowcsports@aol.com with questions.