Disabled Athlete Adaptive Sports Medical History

Personal Information

Name	Date of Birth	Gender
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Contact Information	1	
Phone	Email	Address
Disability & Medical	History	
Primary Diagnosis	Year of Onset/In	jury Type o
Impairment	Assistive Devices Used	Current
Medications	Allergies	
Sports Participation	1	
Adaptive Sports Interested In	Experie	ence in Sports
Additional Medical	Information	
Past Surgeries	Special Consideratio	Notes
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