# Adaptive Sports Pre-Participation Medical History Form

## Participant Information

Full Name

Date of Birth

Gender

Email

Phone

Address

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## Emergency Contact

Name

Relationship

Phone

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## Medical History

Primary Disability/Diagnosis

Do you use any assistive devices (e.g., wheelchair, crutches)?

Current Medications

Allergies

Previous Surgeries or Hospitalizations

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## Medical Conditions

Check if you have a history of any of the following:

- [ ] Asthma
- [ ] Seizures
- [ ] Diabetes
- [ ] Heart Condition
- [ ] Hypertension
- [ ] Bleeding Disorder
- [ ] Other

If other, please specify

Describe any additional medical concerns relevant to participation in adaptive sports

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## Functional Assessment

Please describe your mobility and any assistance required

Communication Needs

Other adaptive needs or requirements

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## Physician Information

Name

Phone

Address