# PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

<table>
<thead>
<tr>
<th>Name: _________________________________________________________________</th>
<th>Date of birth: ____________________________</th>
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1. **Type of disability:**

2. **Date of disability:**

3. **Classification (if available):**

4. **Cause of disability (birth, disease, injury, or other):**

5. **List the sports you are playing:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?

7. Do you use any special brace or assistive device for sports?

8. Do you have any rashes, pressure sores, or other skin problems?

9. Do you have a hearing loss? Do you use a hearing aid?

10. Do you have a visual impairment?

11. Do you use any special devices for bowel or bladder function?

12. Do you have burning or discomfort when urinating?

13. Have you had autonomic dysreflexia?

14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?

15. Do you have muscle spasticity?

16. Do you have frequent seizures that cannot be controlled by medication?

**Explain “Yes” answers here.**

<table>
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<th>Yes</th>
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17. Please indicate whether you have ever had any of the following conditions:

- Atlantoaxial instability
- Radiographic (x-ray) evaluation for atlantoaxial instability
- Dislocated joints (more than one)
- Difficulty controlling bowel
- Difficult controlling bladder
- Numbness or tingling in arms or hands
- Weakness in arms or hands
- Weakness in legs or feet
- Recent change in ability to walk
- Recent change in coordination
- Recent change in ability to walk
- Spina bifida
- Latex allergy

**Explain “Yes” answers here.**

<table>
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<tr>
<th>Yes</th>
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</tr>
</thead>
</table>

18. I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: ______________________________________________________________________________________________________

Signature of parent or guardian: ______________________________________________________________________________________________

Date: _________________________________________________________