

NEHSA

PARTICIPANT PHYSICAL Form 2017/2018 (Please Print)

Please update all information yearly for accuracy

**** Please include a photo of the student for our records**

Date: _____

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: (home) _____ (work) _____

Email Address: _____

Date of Birth: ____ / ____ / ____ Age: _____ Height: _____ Weight: _____

Are you a Military Veteran: YES NO YES branch & years of service _____ / _____

Disability: _____

Emergency Contact _____ Phone _____

Relationship _____ Alt Phone _____

Primary Physician _____ Phone _____

Are you currently taking any Medications? YES NO If YES please list: _____

Are there side effects of current Medications? YES NO If YES please describe:

Is there a medication schedule that we should be aware of? _____

Have you ever had SEIZURES? YES NO If YES, date of last seizure _____

Describe the type of seizure _____

Do you have any ALLERGIES? YES NO If YES, Please List _____

Do you have any BLADDER or BOWEL ADAPTATIONS? YES NO

Please list any adaptations: _____

Are there any precautions we should be aware of regarding bladder/bowel control?

ADAPTIVE SPORTS EXPERIENCE:

Ski Snowboard Kayaking Rowing Cycling

Did you participate before becoming disabled? YES NO

If YES at what level:

Beginner Intermediate Advanced

Have you participated since becoming disabled? YES NO

Where and how often? _____

How would you rate your level?

Beginner Intermediate Advanced

Do you have your own equipment that has been checked by an authorized dealer?

YES NO

What are your adaptive sports goals? _____

Do you require assistive devices?

YES NO

If YES, please describe: _____

PHYSICAL FUNCTIONING

How long can you remain active? _____

Do you participate in any other sports? YES NO

If YES, what sports: _____

Do you participate in any exercise program? YES NO

If YES, please describe _____

Are you currently working / attending school / volunteering? YES NO

If YES, how long is your average school / work day? _____

Do you have difficulty breathing? YES NO

Do you experience Motion Sickness? YES NO

RANGE OF MOTION

Do you have normal range of motion in the following?

Right arm: YES NO

Left arm: YES NO

Right leg: YES NO

Left leg: YES NO

If NO to any, please describe: _____

Describe your strength:

Upper Body: Weak Average Strong

Lower Body: Weak Average Strong

Left Side: Weak Average Strong

Right Side: Weak Average Strong

COORDINATION:

Do you have difficulty with balance? YES NO

If YES, Describe: _____

SENSATION:

- Is any part of your body paralyzed? YES NO
- Do you require weight shifts? YES NO
- Can you feel hot and cold normally? YES NO
- Do you have any ski/snowboard precautions? YES NO

If YES, please explain: _____

COMMUNICATION:

- Can student make needs known to instructor? YES NO
- Does student have difficulty speaking or communicating? YES NO
- Do others have difficulty understanding student? YES NO
- Does student have difficulty remembering things? YES NO
- Does student have difficulty in learning new things? YES NO
- Does student have difficulty following directions? YES NO
- Does student have difficulty hearing? YES NO

If YES to any of these questions, PLEASE EXPLAIN:

Useful phrases or words that work best with student _____

Does student use non verbal communication? YES NO

If YES:

- Mayer Johnson Symbols
- Sign Language
- Picture Exchange Communication System (PECS) - Sentence Board or Gestures
- Other _____

Will you be bringing a communication system with you? YES NO

Are there any symbols/signs that we can have available to assist with communication?
