

## PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION | 2024-25

## ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name:

Date of birth:

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:		
	Yes	No
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:

Please indicate whether you have ever had any of the following conditions:

	Yes	No		
Atlantoaxial instability				
Radiographic (x-ray) evaluation for atlantoaxial instability				
Dislocated joints (more than one)				
Easy bleeding				
Enlarged spleen				
Hepatitis				
Osteopenia or osteoporosis				
Difficulty controlling bowel				
Difficulty controlling bladder				
Numbness or tingling in arms or hands				
Numbness or tingling in legs or feet				
Weakness in arms or hands				
Weakness in legs or feet				
Recent change in coordination				
Recent change in ability to walk				
Spina bifida				
Latex allergy				

Explain "Yes" answers here:

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:	
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