



Arizona Disabled Sports Athletic Questionnaire

Name: _____ Gender: M F (circle one)
DOB: ___/___/___ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Email Address: _____
Best means of contact: [] Phone [] Email

Diagnosis:
[] Amputee [] Cerebral Palsy [] Dwarfism
[] Multiple Sclerosis [] Muscular Dystrophy [] Spina Bifida
[] Spinal Cord Injury [] Traumatic Brain Injury [] Visually Impaired
[] Other _____

Date of Diagnosis: ___/___/___

Have you ever been knocked out or had a concussion? Y N
Do you have a history of seizures? Y N
Do you have a history of heart disease, heart murmurs, or high blood pressure? Y N
Has anybody in your family had a sudden death or heart attack before the of age 50? Y N
Have you ever been dizzy or passed out with exercise? Y N

Prior to your diagnosis what sports were your interested in?

What sports are you interested in now?
[] Archery [] Bowling
[] Cycling [] Kayaking
[] Power Soccer [] Swimming
[] Wheelchair Basketball [] Track and Field
[] Other _____

Anything else we need to know _____

I acknowledge that the information I have provided above is true and accurate.
Signature _____ Date _____