

# University of Missouri Wheelchair Basketball Camp

## General Medical Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

### Disability

Diagnosis/Type of Injury: \_\_\_\_\_ Date of Onset \_\_\_\_/\_\_\_\_/\_\_\_\_

Level of Injury: \_\_\_\_\_ Cause (trauma, etc): \_\_\_\_\_

Classification (if known): NWBA \_\_\_\_\_ IWBF \_\_\_\_\_

Your doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

List operations you have had: \_\_\_\_\_

### Medication/Health

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

(Continued on back)

(Return this form as part of your Registration Packet)

## General Medical Information Form Cont.

Are you currently taking coumadin or a "blood thinner"? Yes \_\_\_ No \_\_\_

Are you allergic to anything? Yes \_\_\_ No \_\_\_ (If yes, specify): \_\_\_\_\_

Have you had: Heart trouble \_\_\_ High blood pressure \_\_\_ Dysreflexia \_\_\_ Fainting \_\_\_ Diabetes \_\_\_  
Hyperthermia \_\_\_ or Other reaction to heat \_\_\_ If yes, explain: \_\_\_\_\_

Have you had any skin problems? Yes \_\_\_ No \_\_\_ Did they require surgery? Yes \_\_\_ No \_\_\_

Do you have any skin problems now? Yes \_\_\_ No \_\_\_

Current bladder management: Foley \_\_\_ Suprapubic \_\_\_ ICP \_\_\_ Condom \_\_\_ Other: \_\_\_\_\_

Do you use: Braces, \_\_\_ Corsets, \_\_\_ or Other assistive devices? \_\_\_\_\_

If so, which do you use in competition? Braces \_\_\_ Corsets \_\_\_ Other assistive devices \_\_\_\_\_

Other medical information concerning your health status: \_\_\_\_\_

Camper's Insurance Company

Policy #

In case of emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Please return forms (medical, waiver & release of liability and travel) to:

University of Missouri Wheelchair Basketball Camp  
c/o Ron Lykins, Camp Director, Room 213, Rothwell Gymnasium  
University of Missouri  
Columbia, Missouri 65211