



Wounded Warrior Regiment
 1998 Hill Avenue
 Quantico, VA 22134

WAR-P Medical Clearance			
Last Name: _____		First Name: _____ MI: _____	
DOB: _____		Rank: _____ Phone: _____	
<i>Clinician Must Fill Out the Section Below</i>			
Allergies -Please be specific, if none write N/A			
Health History-To Be Completed by Clinician with Participant			
Current Medical Conditions		Current Medications	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
DOES THE PARTICIPANT HAVE ANY FUNCTIONAL OR ACTIVITY IMPAIRMENTS? (IF SO, SPECIFY):			



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Medical Clearance	
Check all that apply	Describe as Needed
SINGLE BELOW THE KNEE AMPUTEE	
SINGLE ABOVE THE KNEE AMPUTEE	
DOUBLE BELOW THE KNEE AMPUTEE	
DOUBLE ABOVE THE KNEE AMPUTEE	
DOUBLE LEG AMPUTEE (ABOVE AND BELOW THE KNEE)	
PERMANENT LEG IMPAIRMENT (BELOW THE KNEE)	
PERMANENT LEG IMPAIRMENT (ABOVE THE KNEE)	
BELOW ELBOW AMPUTEE	
ABOVE ELBOW AMPUTEE	
PERMANENT ARM IMPAIRMENT (BELOW ELBOW)	
PERMANENT ARM IMPAIRMENT (ABOVE ELBOW)	
SPINAL CORD INJURY (SCI)	
POST TRAUMATIC STRESS DISORDER (PTSD)	
TRAUMATIC BRAIN INJURY (TBI)	
VISUAL IMPAIRMENT (VI)	
OTHER	
<u>DOES PARTICIPANT HAVE:</u>	Explanation of ANY Answers Checked YES
METAL, SHRAPNEL, FOREIGN MATERIAL IN BODY?	
ANY HISTORY OF HEART OR LUNG PROBLEMS?	
SICKEL CELL TRAIT?	
PROBLEMS WITH EXERTION OR EXERCISE IN HEAT, OR HISTORY OF HEAT ILLNESS?	
. LIGHTHEADEDNESS, PASSING OUT, OR OTHER DIFFICULTIES WITH EXERTION OR EXERCISE?	
. ANGER, ANXIETY, OR STRESS CONTROL ISSUES?	
DISCOMFORT WITH CROWDS OR CROWDED SITUATIONS?	
. DISCOMFORT WITH SMALL, TIGHT OR CONFINED SPACES?	
LOW TOLERANCE FOR LOUD NOISES/BRIGHT/FLASHING LIGHTS?	
CHEST TIGHTNESS OF SHORT OF BREATH WITH EXERCISE?	
IMBALANCE OR INCREASED RISK OF FALLS?	
SPECIALIZED PROTECTIVE EQUIPMENT?	
ANY REASON MEMBER SHOULD NOT PARTICIPATE?	
Additional Notes	



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Medical Clearance <i>(must be completed by Clinician)</i>			
Sport Offerings	cleared to participate		Restrictions or Additional Comments
	Y	N	
Archery			
Compound			
Recurve			
Wheelchair Basketball/Rugby			
Cycling			
Upright [30k]			
Recumbent [20k]			
Hand Cycle [10k]			
Field Events			
Discus [Standing]			
Discus [Seated]			
Shot Put [Standing]			
Shot Put [Seated]			
Power Lifting [Bench Press]			
Rowing			
Indoor Rowing			
Outdoor Rowing			
Shooting			
Air Rifle [Prone]			
Air Rifle [Standing]			
Air Pistol			
Swimming			
50 m Freestyle			
100 m Freestyle			
50 m Backstroke			
50 m Breaststroke			
Track			
100 m Run/WC Race			
200 M Run/WC Race			
400 M Run/WC Race			
800 M Run/WC Race			
1500 M Run/WC Race			
Seated Volleyball			
MUST BE SIGNED AND DATED BY PMC / CLINICIAN			
Primary Care Provider / Clinician Signature: _____		Date: _____	
Printed Name of PMC/ Clinician:			
Name of Treatment Facility:			



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ATHLETE SPORT CLASSIFICATION FORM

MUST BE COMPLETED BY: CERTIFIED ATHLETIC TRAINER, PHYSICAL THERAPIST, SPORTS MED PERSONNEL

Instructions: using the most current Warrior Games Classification Rules and the participants' injuries, categorize athletes for **ALL medically cleared events.**

Athlete's Last Name: _____ First Name: _____ MI: _____ Rank: _____

Sport	Category					
Archery	Compound	Recurve	VI			
Cycling	Open	UPD	LPD	VIO	VIT	
Upright [30k]						
Recumbent [20k]						
Hand Cycle [10k]						
Field Event	Open	VI	Other	UPD	LPD	
Discus [Standing]						
Discus [Seated]						
Shot Put [Standing]						
Shot Put [Seated]						
Power Lifting [Bench Press]						
Rowing	Outdoor	Indoor	LTA	TA	SA	
Seated Volleyball	Min	Mod	Max			
Male						
Female						
Shooting	Open	SH1	SH2	VI		
Air Rifle						
Air Pistol						
Swimming	Open	DLA	SLA/LPD	UPD	SCI	VI
50 m Freestyle						
100 m Freestyle						
50 m Backstroke						
50 m Breaststroke						
TRACK	OPEN	BKPD	AKPD	UPD	VI	WC
100 M Run [WC Race]						
200 M Run [WC Race]						
400 M Run [WC Race]						
800 M Run [WC Race]						
1500 M Run [WC Race]						
Wheelchair Basketball/Rugby	Min	Mod	Max			

Categorized by: _____ Signature _____ Date: _____

Credentials (ATC,PT): _____