

Pre-Event Screening Form



Name _____

Age _____

Do you have a disability? No Yes

Please specify _____

Method of Mobility

- Independent
- Crutches
- Wheelchair

Do you have/use:

- Handcycle
- Sport Wheel Chair
- Racing Wheelchair

Will you be bringing it?

- Yes No
- Yes No
- Yes No

Swimming Ability

- Independent Swimmer
- Need assistance
- Need floatation device
- Afraid of the water
- Can not swim

Are you Visually Impaired?

- Yes
- No

Are you Deaf/Hearing Impaired?

- Yes
- No

Other

- Epilepsy
- Asthma
- Allergies
- Diet Restrictions/Limitations
- Diabetes

Please specify _____

Please specify _____

What other information do we need to know in order to provide appropriate accommodations?

Please return to P.O. Box 41832 Tucson, AZ 85717

