

MEDICAL RELEASE FORM

TO: _____(physician)

FROM: Manny Felix, Ph.D., Director, Motor Development Program

DATE: _____

RE: Request for Medical Information on _____
(participant)

Attached you will find a **Medical Information Form** as it pertains to the individual identified above who is seeking enrollment (or is currently enrolled) in the Motor Development Program (MDP). The MDP, conducted weekly on the University of Wisconsin-LaCrosse campus throughout the year, provides individualized motor skill, physical fitness, and aquatic activity training to individuals with disabilities. The requested information will assist program staff to develop an appropriate physical activity program. Please take a moment of your time to complete all the information requested on the form.

We have permission below from the parent/guardian to obtain the requested information from you. Your prompt response and cooperation is greatly appreciated. Should you have any questions concerning this program, please do not hesitate to contact me. Thank you in advance for your assistance in this very important matter.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Prospective Participant _____ Date of Birth _____

I grant permission for the release of information concerning my child/dependent to the Motor Development Program at the University of Wisconsin–LaCrosse. This request is a(n): _____ initial request / _____ medical update.

Please include/attach any physical rehabilitation information available.

Signature of Parent/Guardian

Date

Physician: Please complete the Medical Information Form (next page) and send to the address below.

GENERAL INFORMATION

Prospective Participant Name _____ Age _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Date of Last Exam _____ Gender _____ Height _____ Weight _____

Disability (primary/secondary/tertiary) and/or Impairment(s) _____

Describe limitation(s) _____

Severity of the condition: ___ Chronic ___ Acute ___ Permanent ___ Temporary

FUNCTIONAL/PHYSICAL CAPACITY OF INDIVIDUAL

- ___ Unrestricted: No restriction needs to be placed on the individual relative to vigorousness or type of activity.
- ___ Minor Restriction: Ordinary physical activity need not be restricted, but unusually vigorous efforts need to be avoided.
- ___ Moderate Restriction: Ordinary physical activity needs to be moderately restricted and sustained strenuous efforts need to be avoided.
- ___ Major Restriction: Ordinary physical activity needs to be markedly restricted.

MEDICATIONS

Is individual taking medication? ___ Yes ___ No If yes, for what purpose _____

ANATOMICAL ANALYSIS / CONTRAINDICATIVE MOVEMENTS

Indicate joint and/or muscle groups in which physical activity should be limited or avoided.

<u>Joint or Muscle Group & Direction of Movement</u>	<u>Right, Left, or Both</u>	<u>Limited or Avoided</u>
1. _____		
2. _____		
3. _____		

OTHER RELEVANT INFORMTION: Please use the backside of this page to state any other relevant medical information.

___ Remedial (check if applicable): The individual's condition is such that defects or deviations can be improved or prevented from becoming worse through the use of carefully selected exercises. The following are types of exercises recommended for this individual's condition (please be specific).

Physician's Name (please print) _____ Date _____

Signed _____ Phone _____

Address _____