

Official Use Only – Case Number

Dear Wounded Warrior,

Thank you for your interest in the Navy Wounded Warrior (NWW) Adaptive Reconditioning Program. Your well-being is in our best interest. We require an annual sports physical to determine the level of activity that is appropriate for you in your phase of recovery. Please take the time to read over and fill out the Service Member areas (Part I and II) of this application. Once you have your portion filled out, please present it to your Medical Care Provider for review and sports physical. Return this application (four pages) and any indicated additional forms to your NWW Adaptive Reconditioning Program representative.

Part I: Recovering Service Member (RSM) Information

Name:	Rank/Rate:	DOB (DDMMYY):
Phone Number – Cell:	Phone Number - Work:	
Email Address - Personal:	Email Address - Work:	
Emergency Contact Name:	Phone Number:	
Physician Name:	Phone Number:	
Health Insurance Provider:	Policy Number:	

Part II: Pre-physical questionnaire

GENERAL QUESTIONS	Y	N	BONE AND JOINT QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you have any internal surgical hardware?		
Do you have any health concerns you would like to discuss with a doctor?			Have you been diagnosed with instability in any joints?		
Do you have any persistent ulcerations or non-healing wounds?			Do you regularly use a brace or assistive device?		
HEART HEALTH QUESTIONS	Y	N	MEDICAL QUESTIONS	Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Do you have groin pain, hernia, or painful bulge in groin area?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			Have you ever become ill while exercising in the heat?		
Does your heart ever race or skip beats (irregular beats) during exercise?			Have you ever had a traumatic brain injury or concussion?		
Has your doctor ever told you that you have any heart problems?			Were you born without or missing an organ (eye, kidney, spleen, etc.)?		
Do you feel light headed or feel more short of breath than expected during exercise?			Do you cough, wheeze or have difficulty breathing with exercise?		
			Do you have a history of seizure disorder or unexplained seizure?		



Part III: Medical Provider/Physician

Dear Provider,

Navy Wounded Warrior (NWW) is the Navy and Coast Guard program that provides non-medical support to enrolled seriously wounded, ill and injured service members.

NWW provides adaptive sports and recreational opportunities that include several events throughout the year. These events are anywhere from introductory to competitive including Paralympic-style events, such as the DoD Warrior Games and international Invictus Games.

The types of events offered include track and field, wheelchair basketball, shooting, archery, swimming and sitting volleyball, as well as additional recreational sports and special events. These events range from static, noncontact, minimum contact and full contact (e.g. wheelchair basketball) type activities.

There is medical support provided at all events, however, access to facilities at the events can be limited. We require a medical screening by a Physician, Nurse Practitioner or Physician's Assistant prior to participating in NWW sponsored events. This documentation reviewed by the NWW Senior Medical Advisor, is valid for one year, unless significant changes in medical/health care occur. Additional medication must be procured by the recovering service member prior to traveling to any event.

Questions or comments can be directed to the NWW Senior Medical Advisor at 202-433-9156.

Part IV: Medical Information

CURRENT MEDICAL CONDITIONS

1.	4.
2.	5.
3.	6.

CURRENT MEDICATIONS (INCLUDING OCCASIONAL OVER THE COUNTER MEDS)

Med Name	Strength/Dosage	When Taken	Med Name	Strength/Dosage	When Taken

ALLERGIES (INCLUDING MEDICATIONS, FOODS, INSECTS)

Allergy	Reaction	Allergy	Reaction
Allergy	Reaction	Allergy	Reaction
Allergy	Reaction	Allergy	Reaction

Part V: Physical Exam

MEDICAL ROS	Y	N	WOUNDED WARRIOR SPECIFIC QUESTIONS	Y	N
Bleeding, clotting, or bruising problems?			Any metal, shrapnel or foreign material in their body?		
Heart or lung problems?			History of head injury resulting in loss of consciousness or concussion?		
Lightheadedness, passing out, or other difficulties with exercise?			Inability to perform all Activities of Daily Living (ADLs)?		
Chest tightness?			History of PTSD?		
			--Nervousness or anxiety symptoms?		
			--Problems tolerating loud noises?		
			--Dealing with crowds or crowded places?		
			--Small, tight or confined spaces?		

Please explain "Yes" responses and provide any additional medical or health information not covered above (use separate sheet if needed):

MEDICAL EXAM	N	A	MUSCULOSKELETAL EXAM	N	A
Head, Eyes, Ears, Nose, Throat			Back		
Heart (murmurs, gallops, rubs)			Arms, Shoulders, Hands		
Lungs (wheezing)			Hip, Thigh, Legs		
Abdomen/Groin (hernias)			Knee		
Skin (open or non-healing wounds)			Ankles		
Neuro (DTR's, balance, etc.)			Feet		

Please explain abnormal Findings:

Part VI: Participation Level

TO THE BEST OF YOUR KNOWLEDGE THE SERVICE MEMBER IS MEDICALLY CLEARED FOR:			
PARTICIPATION LEVEL	FULL	LIMITED	NONE
Wheelchair Basketball (WCB)			
Sitting Volleyball (SVB)			
Wheelchair Rugby (WCR)			
Cycling (upright, recumbent, or hand cycle)			
Track (standing or seated)			
Field (standing or seated)			
Archery (standing or seated)			
Shooting (standing or seated)			
Swimming			
Powerlifting			
Indoor Rowing			

Provider Comments:

Some Service Members may require additional support through the prescription of Non-Medical Attendants (NMA) or Service Animals. Please indicate the level of necessity (if any) the Service Member has for the following:

Participation Level	Mandatory	Beneficial	Not Applicable
Non-Medical Attendant (NMA) <i>Completion and submission of NWW 1740/6 & 1740/7 is required</i>			
Service Animal <i>Completion and submission of NWW 1740/8 & 1740/9 is required</i>			

PROVIDER

“As the Recovering Service Member’s Physician I certify that I have reviewed and reconciled the medication and medical condition lists provided on page 1 of this form. I have also evaluated the Service Member and provided my recommendations for participation in the Navy Wounded Warrior (NWW) Adaptive Reconditioning Program.”

Name:	Phone Number:
Medical Treatment Facility Name and Address:	Email Address:
Signature:	Date Signed:

Part VII: NWW Senior Medical Advisor (SMA) Review

Signature:	Date Signed:
Comments:	

Additional NWW information can be found at: <http://www.navywoundedwarrior.com>

Authority: 5 U.S.C. 552, 32 C.F.R. Part 701 SECNAVINST 5211.5E, Public Law 104-91 and DoD directive 6025.18

Principal Purpose(s): To assist in the determination whether or not members are medically eligible to actively participate in adaptive athletics and related activities, including, but not limited to sports camps and the Warrior games, being coordinated by the DoN and specifically, Navy Wounded Warrior - Safe Harbor.

Routine Use(s): Other Federal agencies may receive medical and emergency data to ensure that only medically eligible individuals are to participate in adaptive athletics and related activities and to contact next of kin in the event of a medical emergency. The USOC, and specifically the US Paralympics Team, may use such information to determine medical readiness. State and local governmental authorities may also receive this information.

Disclosure: Voluntary; however, failure to provide the requested information will result in the denial of the member being authorized to participate.