

USA Track & Field ADA Medical Accommodation Request Form

In order to better understand your accommodation request, the USATF Sports Medicine & Science ADA Subcommittee is requesting additional medical records and documentation to verify the asserted disability, and to properly identify associated functional limitations. In an attempt to ensure safe and fair sports participation, the information requested below will help the USATF Sports Medicine & Science ADA Subcommittee determine if the requested accommodation(s) are appropriate for your health, as well as the overall Event/Race environment.

Patient Information

- a) Name, mailing address, contact phone number, and email address;

- b) The name of the Event/Race that the accommodation is being requested for; and,

- c) A detailed description of the requested accommodation.

I am hereby requesting an accommodation pursuant to USATF's ADA Accommodation Request procedures. I acknowledge and understand that if the USATF Sports Medicine & Science ADA Subcommittee determines that reasonable accommodations are appropriate, it is up to the Event/Race organizer to determine what kind of accommodations are appropriate for the Event/Race.

Additionally, I acknowledge that I must attach a letter or other official documentation from my personal treating physician or other medical professional I have identified. The letter or document must contain the following:

- a) A detailed description of patient's medical diagnosis;
- b) A brief description of any limitations as a result of the diagnosis;
- c) A statement as to whether the disability listed by the patient is temporary or permanent; if temporary, indicate the length of expected recovery; and,
- d) A statement as to whether the patient is medically cleared for participation in the Event/Race indicated above.

Please attach the letter or document from your treating physician or other medical professional.

Certification Statement: I, _____, certify that, to the best of my knowledge and belief, all the information on this form is accurate and correct.

Patient Signature

Date