



Florida High School Athletic Association
FHSAA Track & Field Para-Athlete Division
Eligibility Verification Form

This form shall be completed by the student-athlete's medical doctor verifying their eligibility to compete in the FHSAA Track & Field Para-Athlete Division and submitted by the member-school FHSAA Representative utilizing the FHSAA's designated medium ([click here to access the submission form](#)). For a student to participate in the Para-Athlete Division, he/she must meet one of the following two criteria:

- (a) **Wheelchair Division.** A wheelchair athlete is anyone with a permanent physical disability.
- (b) **Ambulatory Division.** An ambulatory athlete shall have a permanent orthopedic, neuromuscular, or other physical disability. The ambulatory division will include visual impairment, cerebral palsy, dwarfism, amputees, and similar physical disabilities.

The following section shall be completed by the student-athlete's healthcare professional:

Student Information

First Name	Last Name	Date of Birth (DD/MM/YYYY)

Please select (check one) the division the student-athlete is eligible to participate in based upon your medical evaluation:

- Wheelchair Division
 - Ambulatory Division
-

Name of Healthcare Professional (print or type): _____

Date of Exam: ___ / ___ / _____

Address: _____

Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____

Credentials: _____ License #: _____