

This application is for all Sailors and Coast Guardsmen who are enrolled in Navy Wounded Warriors (NWW) and who have participated in clinics, camps and games with NWW Adaptive Sports since 01 January 2017.

Last Name First Name Preferred Name

Gender Email Phone

Dominate hand: Preferred airport code depart from

Are you enrolled in one of the Services Wounded Warrior Programs or SOCOMs Care Coalition?

To be completed by Competitor:

What is your Service Branch? What is your Rank? What is your Service Status?

What is/was your Date of Separation or Retirement? How were you Wounded / Ill/Injured?

Using the Size chart attached, please provide your uniform sizes	TOPS	BOTTOMS
MENS		
WOMENS		

Have you participated in Warrior Games:
(Check all that apply)

- 2015 Warrior Games Quantico 2016 Warrior Games West Point 2017 Warrior Games Chicago
 2018 Warrior Games Colorado Springs 2019 Warrior Games Tampa No previous Warrior Games

Have you participated in Invictus:
(Check all that apply)

- 2014 Invictus London 2016 Invictus Orlando 2017 Invictus Toronto
 2018 Invictus Australia No previous Invictus Games

Do you require a Non-Medical Attendant?

Do you require a Visual Guide?

Do you require a Service Animal?

Note: If you require an NMA / VI Guide or Service Animal, you must have appropriate paperwork on file with NWW prior to applying. All Service Animals are subject to in country travel restrictions and requirements.

Sports Experience

(List experience for sport applied for only) Please select and provide results for the sports in which you would like to be considered for the Team

ARCHERY: Participants may choose one. Novice category is only or those who have competed in archery for less than one year.

Which Archery event would you like to be considered	Name and Date of Competition (Example Warrior Games 2014)	What did you place as in this event? (Example First, Second, Third)	What was your score?

INDOOR ROWING: Participants may choose to compete in one or both rowing events. Please provide results for each event you wish to be considered for.

Rowing Events	Name and Date of Competition (Example Warrior Games 2014)	What was your classification for this event? (Example IRB1, IRB2, open)	What did you place as in this event? (Example First, Second, Third)	What was the distance you rowed? (Example 200 meters, 1210 meters)
1-Minute Individual Race		NWW HQ to complete		
4-Minute Individual Race		NWW HQ to complete		

CYCLING: Participants may choose to compete in one. Each Cyclist will compete in both the Time Trial and Road Race. List times for both races in minutes

Cycling	Name and Date of Competition (Example Warrior Games 2014)	What was your classification for this event? (Example IRB1, IRB2, open)	What did you place as in this event? (Example First, Second, Third)	What is the distance for this event? (Example 10K, 20K, 30K)	What is your time for this event? (Example 45.6)
		NWW HQ to complete			

FIELD: Participants may only choose Standing or Seated for both shot and discus events.

Field Events	Name and Date of Competition (Example Warrior Games 2014)	What was your classification for this event? (Example IRB1, IRB2,open)	What did you place as in this event? (Example First, Second, Third)	What is your best distance for this event? (Example 5.3m)
Seated Shot		NWW HQ to complete		
Seated Discus		NWW HQ to complete		
Standing Shot		NWW HQ to complete		
Standing Discus		NWW HQ to complete		
Horizontal Jump		NWW HQ to complete		

POWERLIFTING

Weight in kgs
(example 58kg)

Name and Date of Competition (Example Warrior Games 2014)	What is your best bench press in competition?

TEAM SPORTS: List sport and position/role you wish to participate in.

	Name and Date of Competition (Example Warrior Games 2014)	List preferred position or role (Example libero)
Sitting Volleyball		
Wheelchair Basketball		
Wheelchair Rugby		

TRACK: Participants may sign up for a combination of events or all

Track Events	Name and Date of Competition (Example Warrior Games 2014)	What was your classification for this event? (Example IRB1, IRB2, open)	What is your time for this event? (Example 45.6)
100 Meter		NWW HQ to complete	
200 Meter		NWW HQ to complete	
400 Meter		NWW HQ to complete	
800 Meter		NWW HQ to complete	
1500 Meter		NWW HQ to complete	

SWIMMING: Participants may sign up for a combination of events or all.

Swimming Events	Name and Date of Competition (Example Warrior Games 2014)	What was your classification for this event? (Example IRB1, IRB2, open)	What is your best time for this event? (Example 45.6 sec)
50 Meter Backstroke		NWW HQ to complete	
50 Meter Breaststroke		NWW HQ to complete	
50 Meter Freestyle		NWW HQ to complete	
100 Meter Freestyle		NWW HQ to complete	

Application due 01 August 2019 NLT 1600 Washington, DC Time

For Office Use Only:

Date Received: _____

Time Received: _____

Receiptant: _____

Medical Paperwork for Invictus Games is due by 30 August 2019 NLT 1600 Washington DC Time.

Dear Wounded Warrior,

Thank you for your interest in the Navy Wounded Warrior - Safe Harbor (NWW-SH) Adaptive Reconditioning Program. Your wellbeing 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-SH 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 - Safe Harbor (NWW-SH) is the Navy and Coast Guard program that provides non-medical support to enrolled seriously wounded, ill and injured service members.

NWW-SH 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-SH sponsored events. This documentation reviewed by the NWW-SH SMA, 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-SH Senior Medical Advisor at 202-433-9156.

Part III: 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 IV: 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 V: 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)			
Cycling (upright, recumbent, or hand cycle)			
Track (standing or seated)			
Field (standing or seated)			
Archery (standing or seated)			
Wheelchair Rugby (WCR)			
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-SH 1740/6 & 1740/7 is required</i>			
Service Animal <i>Completion and submission of NWW-SH 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-Safe Harbor (NWW-SH) Adaptive Reconditioning Program.”

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

Part VI: NWW-SH Senior Medical Advisor (SMA) Review

Signature:	Date Signed:
Comments:	

Additional NWW-SH 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.



Adaptive Reconditioning Non-Medical Attendant Travel Application



Is the Recovering Service Member (RSM) you are applying to be a Non-Medical Attendant (NMA) for currently enrolled in Navy Wounded Warrior – Safe Harbor (NWW-SH)?

Yes. Please continue completing the application.

No. **STOP**, do not complete this application. **Please speak to a NWW-SH staff member who will work with you to complete the necessary referral paperwork for enrollment consideration.**

Please print all information on this application.

I. RSM Personal Information

Full Name:	Rank/Rate/Designator:	Active or Reserve:	Retired: (TDRL/PDRL/Other)
Current Address:			
City:	State:	Zip:	

II. Provider Information

Your assistance is requested in determining the requirement of a NMA for the above listed RSM while traveling and participating in a NWW-SH Adaptive Reconditioning Program event.

NMA Required (circle one) Mandatory Beneficial Not applicable

If YES, please circle which of the following functions CANNOT BE INDEPENDENTLY performed by the RSM.

Travel (specify below)	Walking/Transfer	Dressing/Grooming	Toileting
Eating	Bathing/Hygiene	Continence	Other (specify below)

Please specify reason for NMA travel:

As the provider for this RSM, I certify that this information is accurate and correct.

Provider Name:	Phone Number:	Email Address:
Installation Name and Address:		
Provider Signature:	Date:	



Adaptive Reconditioning Non-Medical Attendant Travel Application



III. NMA Personal Information

Full Name:	DOB (DDMMYY):	Email Address:	Phone Number:
Current Address:			
City:	State:	Zip:	
Additional Information:			

***** REQUEST IS VALID FOR SIX (6) MONTHS UNLESS SIGNIFICANT CHANGES TO RSMs HEALTH*****

NWW-SH Headquarters Use ONLY

IV. NWW-SH Senior Medical Advisor (SMA) Review

TWMS Case Number:			
Application Status			
Date Received at HQ:	HQs Decision and Date:		
	Approved	Disapproved	
Comments/Reason:			
Signature:	Date:		



Adaptive Reconditioning Service Animal Travel Application



I am a Recovering Service Member (RSM) currently enrolled in Navy Wounded Warrior – Safe Harbor (NWW-SH) and request my Service Animal accompany me to this event.

Please print all information on this application.

I. RSM Personal Information			
Full Name:	Rank/Rate/Designator:	Active or Reserve:	Retired: (TDRL/PDRL/Other)
Current Address:			
City:	State:	Zip:	

II. Service Animal Information	
Name:	
Certifications (list and attach):	
What work or task has the Service Animal been trained to perform?	
Vaccinations - Check below and include last date. Also include any other vaccinations in the space below. (vaccination record must be attached):	

<input type="checkbox"/> DPP (Distemper)	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Rabies	<input type="checkbox"/> Flea & Tick Medication
------------------------------------------	-------------------------------------	---------------------------------	-------------------------------------------------

III. Provider Information		
<i>As the provider for this RSM, I certify that this information is accurate and correct.</i>		
Provider Name:	Phone Number:	Email Address:
Installation Name and Address:		
Provider Signature:	Date:	

***** REQUEST IS VALID FOR SIX (6) MONTHS UNLESS SIGNIFICANT CHANGES TO RSM'S HEALTH*****

<i>*NWW-SH Headquarters Use ONLY*</i>	
IV. NWW-SH Senior Medical Advisor (SMA) Review	
TWMS Case Number:	
Date Received at HQ:	Application Status
	HQs Decision and Date:
	Approved
	Disapproved
Comments/Reason:	
Signature:	Date:

Invictus Games - The Hague 2020

Global Size Chart

Men's Sizing

Men's - Tops

Invictus Sizing	IGM0	IGM1	IGM2	IGM3	IGM4	IGM5	IGM6	IGM7	IGM8	IGM9
To Fit Chest - inches	32 - 34	34 - 36	36 - 38	38 - 40	40 - 42	42 - 44	44 - 46	46 - 48	49 - 51	52 - 55
To Fit Chest - cm's	81 - 86	86 - 91	91 - 97	97 - 102	102 - 107	107 - 112	112 - 117	117 - 122	124 - 130	132 - 140

Men's - Bottoms

Invictus Sizing	IGM0	IGM1	IGM2	IGM3	IGM4	IGM5	IGM6	IGM7
To Fit Waist - inches	28 - 30	30 - 32	32-34	34 - 36	36 - 38	38 - 40	40 - 42	42 - 44
To Fit Waist - cm's	71 - 76	76 - 81	81 - 86	86 - 91	91 - 97	97 - 102	102 - 107	107 - 112

Women's Sizing

Women's Tops

Invictus Sizing	IGW0	IGW1	IGW2	IGW3	IGW4	IGW5	IGW6	IGW7	IGW8	IGW9	IGW10
To Fit Bust - inches	30	32	34	36	38	40	43	46	49	52	55
To Fit Bust - cm's	76	81	86	91	97	102	109	117	124	132	140

Women's - Bottoms

Invictus Sizing	IGW0	IGW1	IGW2	IGW3	IGW4	IGW5	IGW6	IGW7	IGW8	IGW9	IGW10
To Fit Waist - inches	24.5	26	28	30	32	34	37	40	43	47	50
To Fit Waist - cm's	62	66	71	76	81	86	94	102	109	119	127

Kids Sizing

Invictus Sizing	IGK0	IGK1	IGK2	IGK3
Height - cm's	116	128	140	152