MEDICAL EXEMPTION REQUEST FORM

THE NATIONAL HORSESHOE PITCHERS' ASSOCIATION

The *Official Rules of Horseshoe Pitching* states that "All Open Men and Senior contestants shall observe the 37-foot foul lines. Physically impaired males in these categories may be given permission by the governing NHPA officials to move onto the extended platforms and observe the 27 foot foul lines." (See Rule 3, Section A, number 2) The NHPA has further delegated the responsibility of this decision-making to the various State Associations for acceptance or denial. This form has been adopted by the NHPA and the steps of this process are outlined below. Please complete Parts I and IV of this form and send it to your Charter Secretary or the Charter officer in charge of Medical Exemptions.

PART I - BACKGROUND INFORMATION < {

I, _____, am applying for a medical exemption which would allow me to pitch horseshoes in NHPA sanctioned events from a distance of 30 feet, instead of 40 feet, due to the following medical condition and other information described below which I proclaim to be true and accurate.

What is the name of this medical condition? _____

For how long have you had this condition? _____

Do you consider this condition to be permanent? _____

For how long have you pitched horseshoes? _____

What is your date of birth _____ and current age? _____

Explain what area(s) of your body are affected and why this condition prevents you from being able to pitch from 40 feet, (add an additional page if necessary) _____

Have you seen a specialist about this medical condition? _____

If so, for how long have you been under his/her care? _____

Have you undergone surgery or other medical procedures for this condition? Has surgery or any other medical procedure been recommended? _____

Do you have a current, handicap license plate or rear-view mirror placard granted by your State BMV? If this medical exemption is denied, will you continue pitching from 40 feet? _____

The medical doctor most familiar with my medical condition is:

Name _____

Address _____

_____ zip code _____

Telephone

PART H - EXECUTIVE COUNCIL REVIEW

Copies of the above information will be circulated among the Executive Council members for review and voting. If two-thirds or more of the Council member agree, the exemption may be granted at this point. Council members may also defer their vote until after the *Medical Information and Professional Opinion Form* has been received from the attending physician. ***Please*** *Note:* As it may relate to the Medical Right to Privacy Act, all Charter council members have been directed to keep this medical information in strict confidence.

PART m - MEDICAL INFORMATION AND PROFESSIONAL OPINION

A separate medical questionnaire form may be sent to the attending physician for confirmation of the medical condition and for a professional opinion as it applies to the requested exemption.

PARTIV - CONSENT FOR RELEASE OF MEDICAL INFORMATION

I hereby give permission for my medical doctor to release to the State HPA Executive Council, any medical information about my health condition as it may relate to this exemption request.

Signature of applicant _____

Address _____

_____ zip code _____

Phone number _____

NHPA card number _____ (OVER)