WTSDA REGION 8
DAN TESTING REQUEST FOR SPECIAL CONSIDERATION

By submitting this form you are requesting that the test panel review and accept that you have certain medical or **permanent** conditions that will affect your performance at a test for Dan rank. If you are medically restricted from certain physical activities or have a **permanent** condition that may affect your testing you may submit this form to notify the test panel of such a situation.

The test panel will be notified of any needed arrangements, as set forth below by the appropriate medical personnel, and will take this into consideration while evaluating your performance.

By submitting the following form you are certifying that you are medically able to safely participate in those activities at testing that you are not restricted from below by your medical professional.

Name | **Current Rank and #**

Studio | **DOB** | **Age**

Parent/guardian Name

Instructor's Name

This form must be filled out by a **MEDICAL PROFESSIONAL ONLY** within six (6) months of the test date. Copies of medical documents may be attached if desired.

The above applicant will be testing for the rank of Black Belt (Cho Dan) or a higher rank. Because the purpose of Tang Soo Do is self improvement certain allowances may be made for people with permanent limitations. The purpose of this form is to inform the testing panel of any specific accommodations the applicant may need as a result of a permanent medical condition.

THESE FORMS WILL BE READ BY NON MEDICAL PERSONNEL AT THE TIME OF THE TEST. PLEASE AVOID ABREVIATIONS

☐ **NO** ☐ **YES , PLEASE EXPLAIN**

1a. Does the applicant have *permanent* physical/medical limitations requiring them to avoid some types of physical activity? Answer NO if the condition can be expected to resolve and allow testing **at another date without limitation**.

1b. Is the applicant permitted to:

Do vigorous calisthenics (100-200 pushups, jumping jacks, crunches)	☐ yes ☐ no
Perform sustained aerobic activity (for between 1 and 2 hours)	☐ yes ☐ no
Perform repetitive jumping techniques?	☐ yes ☐ no
Participate in falling, tumbling techniques?	☐ yes ☐ no
Throw someone or be thrown to the ground during self defense demonstrations?	☐ yes ☐ no
Limit or avoid the use of one limb?	☐ yes ☐ no
Participate in sparring where heavy contact is limited but may still occur?	☐ yes ☐ no

If you answered no to any of the above questions in part 1 or there is a condition not covered, please describe needed limitations in detail here.

2. Does the applicant have a physical condition that does not require limitations but does require modification of the techniques that they are required to demonstrate? (e.g.: contractures, permanent limb abnormalities, etc)

☐ NO ☐ YES , please explain below

If the condition that exists an expected modifications of the activities you answered yes in part 2, please describe above.

3. Does the applicant have a permanent condition that does not require physical restrictions but requires special arrangements or accommodation in a testing environment with large groups (e.g.: ADD, hearing impaired, vision impaired)?

☐ NO ☐ YES , please explain below

If you answered yes in part 3, please describe the condition that requires accommodation and suggested arrangements.

4. Is there any additional information that would be helpful or pertinent to the test panel when evaluating the applicant's performance? If so, please explain.

Physician/physician extender SIGNATURE: ____

Printed name: ____ Date: ____

Qualification (e.g., MD, DO, CRNP, PA) ________________________________ Contact Phone Number (optional): ____________________

APPLICANT: I certify that the above information is true to the best of my knowledge and that that this information may be used by the test panel in the overall evaluation of my test. All requirements, rules and regulations of the test must still be followed by the applicant

Applicant signature: ____ Date: ____________________

Guardian/Parent signature (if under 18): ______________________________________ Date: ____________________

Instructor's Signature: ____ Date: ____________________