

SPECIAL OLYMPICS INDIANA MEDICAL FORM

SECTION A SHOULD BE SUBMITTED EVERY THREE (3) YEARS – STAPLE TO ORIGINAL WITH DOCTOR'S SIGNATURE

SECTION A – ATHLETE HEALTH INFORMATION

PROGRAM: _____

Athlete Social Security Number _____ - _____ - _____

Athlete Name _____

Address _____

Parent/Guardian Name _____

Address (if different than athlete) _____

Emergency Contact (if other than parent/guardian) _____

Health/Accident Company _____

Sex/Gender _____ Date of Birth (month/day/year) _____

Home Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Policy # _____

	YES	NO	
1. Heart Disease/Heart Defect/High Blood Pressure			
2. Chest Pain or Fainting Spells			
3. Seizures/Epilepsy			
4. Diabetes			
5. Down Syndrome			
Have cervical spine (neck bone) x-rays been done			
Alanto Axial Instability			
6. Parent/Sibling (under 40) died of heart disease			
7. Absence of vision/blind in one eye			
8. Absence of one kidney or testicle			
9. Concussion or serious head injury			
10. Major surgery or serious illness			
11. Heat Stroke/exhaustion			
12. Other problem that would interfere with sports participation			
List: _____			

New
Problem

	YES	NO
13. Impaired motor ability		
14. Uses a wheelchair		
15. Allergy to the following (list specific)		
Medicine _____		
Foods _____		
Insect Sting/Bite _____		
16. Special Diet _____		
17. Exercise induced wheezing		
18. Tendency to bleed easily		
19. Emotional/psychiatric/behavioral problems		
20. Serious bone or joint disorder		
21. Sickle cell trait or disease		
22. Hearing aid/hearing loss		
23. Contact lenses/eyeglasses		
24. Dentures/false teeth		
25. Immunizations (shots) are up-to-date		
26. Date of last tetanus shot _____ / _____ / _____		

A physical examination performed by a licensed examiner is required every 3 years for Athletes with YES in items 1-6. An exam is required the first time NEW is checked in items 7-13.

Comments: _____

MEDICATIONS – Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

Person completing form (normally parent/guardian or adult athlete) _____ Signature _____ Date _____

IF HISTORY SIGNED BY ATHLETE – I have reviewed the health history with the athlete whose signature appears above.

Signature _____ Date _____ Relationship to athlete (family member, friend, coach) _____

IMPORTANT If there is any significant change in the athlete's health, the athlete's condition should be reviewed by a licensed examiner before further participation.

SECTION B – MEDICAL CERTIFICATION

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and football team competition (soccer).

☐ I have reviewed the above health information on and examined the athlete named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

RESTRICTIONS _____
EXAMINER'S SIGNATURE _____
EXAMINER'S NAME _____ DATE _____ / _____ / _____
ADDRESS _____ PHONE _____

A physical examination performed by a licensed examiner is required for initial participation

Created by the Joseph P. Kennedy, Jr. Foundation for the Benefit of Citizens with Mental Retardation