

SPECIAL OLYMPICS INDIANA MEDICAL FORM

SECTION A SHOULD BE SUBMITTED EVERY THREE (3) YEARS – STAPLE TO ORGINAL 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 _____

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

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.

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

ADDRESS

DATE _____ / _____ / _____

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