



Medical Form

Section A should be submitted every three (3) years - staple to original with doctor's signature.

Section A - ATHLETE HEALTH INFORMATION

County 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 (M, F) Date of Birth (month/day/year)

Home Phone

Work Phone

Home Phone

Home Phone

Policy #

Table with 3 columns: YES, NO, New Problem. Rows include Heart Disease, Chest Pain, Seizures, Diabetes, Down Syndrome, Cervical spine x-rays, etc.

Table with 2 columns: YES, NO. Rows include Impaired motor ability, Uses a wheelchair, Allergy, etc.

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 (attach page if needed):

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 name appears above. Signature Date Relationship to Athlete

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

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlantoaxial 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.

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: