



The Special Olympics Medical Form is divided into two sections:

1. The health history (the first two pages) asks for information about the athlete's medical history. This section must be completed prior to the athlete seeing a physician for a pre-participation sports physical and should be filled out by the person (or people) who can give the most complete and accurate account of the athlete's medical history. That might include the athlete themselves, the parent or guardian, or a caregiver or group home aide.
2. The physical exam (page 3) should be completed and signed by a physician or other licensed healthcare personnel such as nurse practitioners or physician assistants.

It is required that all athletes new to the Special Olympics complete a medical form prior to participation. Furthermore, it is required that all Special Olympics athletes update their medical form completely every three years, if not more frequently.

**NOTE: There is a separate registration form and a release form that should accompany the medical form for any new or re-registering Special Olympics athlete.**

## **Health History Instructions (Pages 1-2)** (To be Completed by the Athlete, Parent or Guardian or Caregiver)

### **Health History (Page 1)**

- 1) **Athlete First and Last Name**
- 2) **Athlete Date of Birth** – Enter Month/Day/Year for US Athletes (or Day/Month/Year for athletes outside the US).
- 3) **Gender** – Check whether the athlete is Male or Female
- 4) **Region/Area** – This should be the Special Olympics Washington Program (the Region and Area) you will compete at.
- 5) **Email Address** – Enter the athlete's email address or a contact email for the parent/guardian/caregiver.
- 6) **Emergency POC** – List who should be contacted in case of an emergency. If this is the same person as the Parent or Guardian, check the "Same as above" box.
- 7) **Associated Conditions** – State if the athlete has: autism, cerebral palsy, Down syndrome, Fragile X syndrome and/or Fetal Alcohol syndrome. If the athlete has any other syndrome or condition that caused the athlete's intellectual disability, please list it in the box marked "other syndrome".
- 8) **Allergies** – Specify any food, medication, insect or latex allergies that the athlete may have. If the athlete has no allergies, mark "No Known Allergies".
- 9) **Special Dietary Needs** – List any dietary needs that the athlete has, for example: gluten free diet, vegetarian, vegan, lactose free, peanut free, or any religious diet preferences.
- 10) **Assistive Devices** – Specify if the athlete uses any assistive devices such as:
  - a. Brace - a device or wrap to support your back, knee, ankle, wrist, elbow, etc.
  - b. Colostomy bag
  - c. communication device
  - d. C-PAP machine - a machine used in the treatment of sleep apnea
  - e. crutches or walker
  - f. dentures
  - g. glasses or contacts
  - h. G-tube or J-tube
  - i. hearing aid
  - j. implanted device - such as a pump, stimulator, shunt, port, monitor or other foreign body
  - k. inhaler
  - l. pacemaker
  - m. removable prosthetic
  - n. wheel chair
- 11) **Sports Participation** – List any sports that the athlete is interested in playing with Special Olympics
- 12) **Previous Limitations** – Note if any doctor has ever prohibited the athlete from participating in sports for any medical reason. If so, specify the reason.

- 13) Surgical History** – List any past surgeries that the athlete has had and why the athlete had the surgery. It is especially important to note any surgeries involving the heart, lungs, brain or spine.
- 14) Family History** –
- Specify if the athlete has ever had a close relative (parent, grandparent, aunt, uncle, brother, sister or cousin) die from heart problems before the age of 50 or while they were exercising.
  - List any conditions that run in the athlete’s family. It is especially important to note any genetic, neurological (brain) or cardiac (heart) conditions.
- 15) EKG or ECG** – Specify if the athlete has ever had an abnormal electrocardiogram (EKG, ECG) or echocardiogram (echo). If yes, please describe what cardiac abnormality was found.
- 16) Active Infection** – If the athlete has ANY acute infection (including minor infections such as a cold or flu), or if the athlete has any chronic bacterial or viral infection, please describe the infection and any treatment.
- 17) Tetanus Vaccine** – Specify if the athlete has had a tetanus (sometimes called a DTaP or DTP vaccine) within the past 7 years. If not, the athlete may be required to obtain a tetanus vaccine prior to participation, specifically for World Games.

## Health History (Page 2)

- 1) Epilepsy/Seizures** – Check if the athlete has a seizure disorder and, if so, what kind of seizures (if known).
- If the athlete does have a history of seizures or epilepsy, check whether the athlete has had one or more seizures within the past year.
- 2) Mental Health**

<b>self-injurious behaviors</b>	This might include hitting or hurting themselves
<b>aggressive behaviors</b>	This might include hitting or hurting others.
<b>Depression</b>	Check if the athlete has been diagnosed as depressed by a doctor.
<b>Anxiety</b>	Check if the athlete has been diagnosed as having anxiety by a doctor.
<b>Describe any additional mental health concerns</b>	List any other mental health concerns such as AD/HD, schizophrenia, bipolar, psychosis, etc., that the athlete has currently or has had in the past.

- 3) Specific Medical Conditions** – Check all medical conditions that the athlete currently has or has had in the past.

Item	Definition
Loss of Consciousness	n/a
Dizziness during or after exercise	n/a
Headache during or after exercise	n/a
Chest pain during or after exercise	n/a
Shortness of breath during or after exercise	n/a
Irregular, racing or skipped heart beats	n/a
Congenital Heart Defect	A birth defect involving the heart
Heart Attack	n/a
Cardiomyopathy	A disease or disorder of the heart muscle.
Heart Valve Disease	Any disease involving the bicuspid, tricuspid, pulmonic or aortic valves in the heart. Most often a term like “stenosis” or “regurgitation” is used to describe the problem.
Heart Murmur	An extra sound associated with the heartbeat. Many heart murmurs are not considered problematic, but it is important to note if you have one.
Endocarditis	An infection or inflammation of the heart.
High Blood Pressure	A condition in which the pressure of the blood, especially in the arteries, is abnormally high. Also called hypertension. In adults this would correspond to blood pressures consistently higher than 140/90.
High Cholesterol	A condition in which you develop fatty deposits in your blood vessels and can increase your risk of heart attack.
Vision Impairment	This includes any disorder of vision from complete blindness to very minor near or far sightedness that is fully correctable with glasses or contacts.
Hearing Impairment	This includes any disorder of hearing from complete deafness to any deficit in hearing for which a hearing aid would be prescribed.

Enlarged Spleen	Also known as splenomegaly. An enlarged or inflamed spleen (an organ in your stomach area that helps filter the blood and is part of the immune system).
Single Kidney	If you only have one kidney (because you had one removed or you were born with only one kidney)
Osteoporosis	A disease that means you are at risk for easily breaking your bones because they have become weak.
Osteopenia	It is the first sign and stage of the worse version of the disease, Osteoporosis (described above)
Sickle Cell Disease	Includes types of blood disorders, like sickle cell anemia
Sickle Cell Trait	A trait that you inherited from a parent that puts you at risk for blood disorders like sickle cell anemia. You may not yet have the disease, just a risk to develop it.
Easy Bleeding	This includes bleeding disorders such as hemophilia, Von Willebrand disease, or any other platelet or clotting factor disorder that causes abnormally long bleeding times. This would also include any athlete who is taking medications that inhibit blood clotting.
Stroke/TIA	Stroke = When blood doesn't flow to part of the brain. This can prevent oxygen from reaching the brain and result in possible brain damage.  TIA = Transient Ischemic Attack. This is a stroke-like attack where blood flow to parts of the brain stops for a short time. Usually a TIA has no lasting negative effect on the individual.
Concussions	A brain injury caused by a sudden hit to the head which shakes the brain inside the skull.
Asthma	Difficulty breathing.
Diabetes	Disease of high blood sugar.
Hepatitis	Inflammation or enlargement of the liver.
Urinary Discomfort	Pain or burning feeling when you use the bathroom. This can be a symptom of an infection.
Spina Bifida	Birth defect resulting in which the spinal cord does not develop properly.
Arthritis	Painful inflammation and stiffness of the joints.
Heat Illness	When you become ill after exercising or being in hot temperatures
Broken Bones	n/a
Dislocated Joints	n/a

- 4) **Menstrual History** – If the athlete is female, specify the date of the athlete's last menstrual period. If the exact date is unknown specify approximately how long it has been since the athlete had her period.
- 5) **Possible Neurological Symptoms** – This section includes several conditions that may be symptoms of neurological conditions, such as spinal cord compression or atlanto-axial instability.

<b>Difficulty controlling bowels or bladder</b>	n/a
<b>Numbness or tingling in legs, arms, hands or feet</b>	Lack of feeling or a feeling like "pins and needles"
<b>Weakness in legs, arms, hands or feet</b>	n/a
<b>Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet</b>	A burning or stinging pain in your neck, back, shoulders, arms, hands, legs, or feet.
<b>Head Tilt</b>	When the head often tilts/leans to one side
<b>Spasticity</b>	A constant stiffness or tightness of the muscles that can impact normal movement, speech or walking stride.
<b>Paralysis</b>	The loss of the ability to move (and sometimes to feel anything) in part or most of the body.

- 6) **List any other past or ongoing medical conditions** for which the athlete required or currently requires treatment which have not been included in other places on this form. Please note if the athlete is pregnant.
- 7) **Medications** – List all of the athlete's current medications including: prescription drugs, over-the-counter (drugstore) medications, vitamins, herbal supplements, inhalers, birth control pills (or shots) or hormone therapy.
- 8) **Self-Administration** – Check whether the athlete is able to take medications by himself or herself without reminders or assistance.
- 9) **Person completing the form** – List the name and contact information for the person who completed the form (e.g., the athlete, the parent, coach, home aide). This is just in case the local Special Olympics Program needs to follow-up with the individual that completed the medical form for missing information or clarification.

## Physical Exam Instructions (Page 3)

(To be Completed by a Licensed Physician or Other Licensed Healthcare Provider such as a Registered Nurse Practitioner or Physician Assistant with prescriptive authority)

- 1) **Height** – Measured in centimeters or inches.
- 2) **Weight** – Measured in kilograms or pounds.
- 3) **Body Mass Index or Body Fat %** - If possible, indicate the Body Mass Index (BMI) or body fat percentage of the athlete.
- 4) **Temperature** – Measured in centigrade or Fahrenheit. Increased temperature may indicate an acute infection that may place the athlete at risk during sports participation.
- 5) **Pulse** – Measured in beats per minute. Extraordinarily high or low pulse rates may be associated with medical issues that may place the athlete at additional risk during sports participation.
- 6) **O<sub>2</sub> Sat.** – Blood oxygen saturation percent, as measured by a pulse oximeter at room air. Decreased blood oxygenation may be an indication of significant cardiac or pulmonary abnormalities that may place the athlete at risk during sports participation. Anything below 90% should not be cleared for participation.
- 7) **Blood Pressure** – Measured in mmHg. First, measure blood pressure in the right arm of a calm and rested athlete. If the blood pressure is hypertensive (greater than 140/90) then measure the blood pressure in the left arm to confirm. If the blood pressure in the right arm is normal, measuring the blood pressure in the left arm is not necessary. A difference between right and left blood pressures of more than 20 mmHg may indicate an aortic anomaly that may place the athlete at risk during sports participation. Significant hypertension (stage II hypertension in children or adults) may place the athlete at additional risk during sports participation.
  - a. Blood pressure above 160/100 should not be cleared to participate until the blood pressure has dropped below that range.
- 8) **Vision** – Test the athlete’s ability to read the 20/40 line only on a distance vision chart (Lea chart is preferred) with each eye covered separately. If the athlete’s vision cannot be determined for a specific eye, mark “N/A”.
- 9) **Physical Exam** – The physical exam performed on the athlete should be thorough. The examiner should pay close attention to any signs or symptoms of cardiopulmonary or neurological conditions – especially new or changing neurological conditions. Documentation of every part of the physical exam is absolutely necessary. Additional physical findings not described on the form may be noted in a subsequent section below.
  - b. *NOTE: In the MedFest environment, genitourinary, breast and rectal examinations are not performed, however these portions of the physical exam may be performed in an “individual exam” according to the preference of the examiner.*
  - c. *Examiner’s Tip: The first column of responses to the different parameters of the physical exam represent what would traditionally be called the “within normal limits” response. Drawing a straight line down this column on both sides signifies that the physical exam was completely normal and unremarkable.*
- 10) **Spinal Cord Compression or Atlantoaxial Instability (AAI)** – The medical health history form asks a series of questions about possible neurological symptoms that could be associated spinal cord compression and/or AAI. These appear in the middle left side of the page. The physical exam form asks the examiner to assess for signs of possible spinal cord compression and/or AAI. The presence of any signs or symptoms should be taken seriously, as the presence of spinal cord compression and/or AAI is associated with significant risk of spinal cord injury in the sports environment. Athletes who describe incontinence or any numbness, weakness, pain or discomfort, head tilt, spasticity or paralysis of any part of the body, especially if any of those symptoms are new or have worsened within the past 3 years may need additional neurological evaluation before they can be cleared to participate in any Special Olympics sports. Likewise, abnormal reflexes, gait, spasticity, tremors, changes in mobility, strength or sensitivity may also suggest that an athlete needs additional neurological evaluation. It should be noted that not all neurological signs and symptoms (such as those that are stable and long-standing) will require further neurological evaluation.
  - d. In this section, the examiner must specify if there are any signs or symptoms that could be associated with spinal cord compression and/or AAI. If so, the athlete may not be cleared for sports participation until they have been seen by a neurologist, neurosurgeon or other physician qualified to determine, definitively, if participation in sports activity, in the presence of the noted neurological signs and symptoms, will be safe for the athlete.

- 11) Athlete Clearance to Participate** – Specify if the athlete is able (medically safe) to participate in Special Olympics or not. Generally, clearance for sports is an all-or-none phenomenon. However, in some cases the physician may opt to clear the athlete for some sports or for all sports with some limitations. For example, an athlete who has had seizures within the past year may be cleared with the recommendation to not participate in certain higher risk sports for people with seizures, such as swimming, sailing, bicycling, downhill skiing, or equestrian events. Athletes with acute infections may be cleared to participate once the infection has been adequately treated.
- a. **If an athlete is not cleared for sports participation, a reason must be given.** The most common reasons for not clearing an athlete for participation are noted (concerning cardiac exam, concerning neurological exam, acute infection, stage II hypertension or higher, oxygen saturations of less than 90%, hepatomegaly or splenomegaly). If the athlete is not cleared for another reason, please describe the reason in the open box provided.
- 12) Additional Examiner Notes** – The examiner may write any other information the examiner wishes to provide including additional instructions, examinations performed or not performed or other relevant information to the exam or the athlete’s health.
- 13) Referrals** – Whether or not the athlete is cleared for sports participation, the examiner may wish to recommend that the athlete be referred to another medical professional for additional evaluation. The most common specialists to refer to (cardiologist, neurologist, primary care physician, vision specialist, hearing specialist, dentist or dental hygienist, podiatrist, physical therapist or nutritionist) are provided in this section. Other referrals may be handwritten in the “Other” box. These referrals do not impact the athlete’s clearance.
- 14) Examiner’s Signature and Information** – The physician or other licensed healthcare provider performing the exam and providing medical clearance for the athlete must sign the bottom of page 3. Additionally, they should fill in the date of the exam, print their name, as well as put their email address, phone number and medical license number in case of questions or concerns.

### **Medical Referral Form Instructions (Page 4)**

(To be Completed by Additional Physicians for further evaluation **only if athlete is not cleared on page 3**)

- 15) Further Medical Evaluation** – Page 4 consists of a medical evaluation form only if the athlete needed further examination before clearance.
- e. This page is only to be used if the athlete has been examined first by a physician and was denied sports clearance based on the need for further medical evaluation. To complete this form (and thus to complete the medical clearance process), the additional physician must print his or her name and medical specialty, state the purpose for the referral and state whether or not the athlete may participate in sports after the assessment of the athlete. Additional notes, restrictions, qualifying comments or referrals may be entered in the space for “additional examiner notes”. Finally, the additional examining physician should list his or her email address, phone number, license number as well as sign and date the referral form. If more than one additional medical examination is needed for clearance, then this page should be copied and each examining physician completes the form.

### **Administrative Instructions (To be Completed by Special Olympics)**

- 1) Administrative Information** – This section of the form should be completed by a Special Olympics staff member. Additionally, the classification of sports physical should be specified:
- a. If the athlete is participating in a MedFest event, meaning that a trained MedFest Clinical Director is overseeing the event, then only check the “MedFest” box.
  - b. If the athlete is getting a physical performed by physician in a non-MedFest environment (either at a group physical event or by a physician at a private office or clinic), then only check the “Individual Physical” box.
  - c. If the athlete is under the age of eight, also check the “Healthy Young Athletes” box, in addition to the “MedFest” or the “IndividualPhysical” box.
  - d. If the athlete is a Unified Partner, also check the “Unified Partner” box, in addition to the “MedFest” or the “Individual Physical” box. It is recommended (though not required at this time) that Unified Partners receive a medical physical prior to sports participation.

## **Athlete Release Form (Page 5)**

**(Page 5 is required with the other 4 pages in order for the Athlete's medical form to be accepted)**

- 1) Emergency Care** – Leave blank if the Athlete has no restriction on receiving emergency care.
  - a. If either of the boxes are checked, an Emergency Medical Care Refusal Form must be completed.
- 2) Signature of Release** –
  - a. Date of signature must be listed
  - b. Printed names must be legible