☐ New Athlete

☐ Renewal

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

SECTION A SHOULD BE SUBMITTED EVERY THREE (3) YEARS

SECTION A -- ATHLETE HEALTH INFORMATION

AREA/LOCAL PROGRAM:_____

Athlete Social Security Number _____ -- _____ -- _____ Sex / Gender _____ Date of Birth (month/day/year) _____ / _____ / _____

Athlete Name_____

Address_____

_____ Home Phone ( )_____

Parent/Guardian Name_____

Address (if different than athlete) _____ Home Phone ( )_____

_____ Work Phone ( )_____

Emergency Contact (if other than parent/guardian)_____ Emergency # ( )_____

Health/Accident Company_____ Policy # _____

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 for the first time NEW is checked in items 7-12.

		Yes	No	New
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?	☐	☐	
	Atlanto Axial Instability	☐	☐	
6.	Parent / Sibling (under 40) died of heart disease	☐	☐	☐
7.	Absence of vision / blind in one eye	☐	☐	☐
8.	Absence of 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:_____	☐	☐	☐

		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 _____ / _____ / _____		

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 ADULT ATHLETE -- I have reviewed the health history with the athlete whose signature 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

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 participating 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