## □ 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 I	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)		)
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				Yes	No
Heart Disease / Heart Defect / High Blood Pressure				1	3.	Impaired motor ability		
Chest Pain or Fainting Spells				1	4.	Uses a wheelchair		
Seizures / Epilepsy				1	5.	Allergy to the following (list specific)		
Diabetes						Medicine		
Down syndrome						Foods		
Have cervical spine (neck bone) x-rays been done?						Insect Sting / Bite		
Atlanto Axial Instability				1	6.	Special diet		
Parent / Sibling (under 40) died of heart disease				1	7.	Exercise induced wheezing		
Absence of vision / blind in one eye				1	8.	Tendency to bleed easily		
Absence of kidney or testicle				1	9.	Emotional / psychiatric / behavioral problems		
Concussion or serious head injury				2	0.	Serious bone or joint disorder		
Major surgery or serious illness				2	1.	Sickle cell trait or disease		
Heat stroke / exhaustion				2	2.	Hearing aid / hearing loss		
Other problem that would interfere with sports				2	3.	Contact lenses / eyeglasses		
participation				2	4.	Dentures / false teeth		
List:				2	5.	Immunizations (shots) are up-to-date		
				2	6.	Date of last tetanus shot/	/	
	Down syndrome Have cervical spine (neck bone) x-rays been done? Atlanto Axial Instability Parent / Sibling (under 40) died of heart disease Absence of vision / blind in one eye Absence of kidney or testicle Concussion or serious head injury Major surgery or serious illness Heat stroke / exhaustion Other problem that would interfere with sports participation	Heart Disease / Heart Defect / High Blood Pressure         Chest Pain or Fainting Spells         Seizures / Epilepsy         Diabetes         Down syndrome         Have cervical spine (neck bone) x-rays been done?         Atlanto Axial Instability         Parent / Sibling (under 40) died of heart disease         Absence of vision / blind in one eye         Absence of kidney or testicle         Concussion or serious head injury         Major surgery or serious illness         Heat stroke / exhaustion         Other problem that would interfere with sports         participation         List:	Heart Disease / Heart Defect / High Blood Pressure <ul> <li>Chest Pain or Fainting Spells</li> <li>Seizures / Epilepsy</li> <li>Diabetes</li> <li>Down syndrome</li> <li>Have cervical spine (neck bone) x-rays been done?</li> <li>Atlanto Axial Instability</li> <li>Parent / Sibling (under 40) died of heart disease</li> <li>Absence of vision / blind in one eye</li> <li>Absence of kidney or testicle</li> <li>Concussion or serious head injury</li> <li>Major surgery or serious illness</li> <li>Heat stroke / exhaustion</li> <li>Other problem that would interfere with sports participation</li> <li>List:</li> </ul>	Chest Pain or Fainting Spells	Heart Disease / Heart Defect / High Blood Pressure       1         Chest Pain or Fainting Spells       1         Seizures / Epilepsy       1         Diabetes       1         Down syndrome       1         Have cervical spine (neck bone) x-rays been done?       1         Atlanto Axial Instability       1         Parent / Sibling (under 40) died of heart disease       1         Absence of vision / blind in one eye       1         Absence of kidney or testicle       1         Concussion or serious head injury       2         Major surgery or serious illness       2         Heat stroke / exhaustion       2         Other problem that would interfere with sports       2         participation       2         List:       2	Heart Disease / Heart Defect / High Blood Pressure       13.         Chest Pain or Fainting Spells       14.         Seizures / Epilepsy       15.         Diabetes       12.         Down syndrome       13.         Have cervical spine (neck bone) x-rays been done?       16.         Parent / Sibling (under 40) died of heart disease       17.         Absence of vision / blind in one eye       18.         Absence of kidney or testicle       19.         Concussion or serious head injury       20.         Major surgery or serious illness       21.         Heat stroke / exhaustion       22.         Other problem that would interfere with sports       23.         participation       24.         List:       25.         26.	Heart Disease / Heart Defect / High Blood Pressure       Impaired motor ability         Chest Pain or Fainting Spells       Impaired motor ability         Seizures / Epilepsy       Impaired motor ability         Diabetes       Impaired motor ability         Down syndrome       Impaired motor ability         Have cervical spine (neck bone) x-rays been done?       Impaired motor ability         Atlanto Axial Instability       Impaired motor ability         Parent / Sibling (under 40) died of heart disease       Impaired motor ability         Absence of vision / blind in one eye       Impaired motor ability         Absence of vision / blind in one eye       Impaired motor ability         Absence of vision / blind in one eye       Impaired motor ability         Major surgery or serious illness       Impaired motor ability         Heat stroke / exhaustion       Impaired motor ability         Other problem that would interfere with sports       Impaired motor ability         Participation       Impaired motor ability         List:       25.         Immunizations (shots) are up-to-date         26.       Date of last tetanus shot	Heart Disease / Heart Defect / High Blood Pressure               13.       Impaired motor ability                 Chest Pain or Fainting Spells               14.       Uses a wheelchair                 Seizures / Epilepsy               15.       Allergy to the following (list specific)                 Diabetes                       15.       Allergy to the following (list specific)                 Down syndrome                       Foods

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 ADUILT ATHLETE I have reviewed the	a health history with the athlete whose signature appears above	

IF HISTORY SIGNED BY ADULT ATHLETE Thave revie	wed the health history wi	th 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 is a sport of events which, by their nature may result in hyperspine. The sports and events for which such a radiological examination is a giving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and foo	vperextension, radical flexion or direct required are: equestrian sports, gymnastics,
□ I have reviewed the above health information on and examined the athlete named in the application, and cert ne which would preclude the athlete's participating in Special Olympics. RESTRICTIONS	tify there is no medical evidence available to
EXAMINER'S SIGNATURE	
EXAMINER'S NAME	DATE
ADDRESS	_
	PHONE ( )

#### A PHYSICAL EXAMINATION PERFORMED BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION