

SOIA New Release & Medical Forms

A Guide to Completing the New Participant
Release Form and Athlete Medical Forms





Why are we transitioning to the new medical and release forms?

- The new physical exam puts the health of the athlete at the forefront and is the top priority of the process.
- The Participant Release Form (previously the bottom section of the Physical & Consent Form) only needs to be completed **ONCE**.
- Our current form is outdated and would need to be revised to meet legal needs
- These forms are required by Special Olympics International (SOI) for all Advanced Competitions and for all MedFest screenings.
- Consistency in paperwork between the Young Athlete program and all sport programs that is directly supported by SOI.
- These forms will be integrated with the future database - SO Connect.
- Capability in the future for coaches to enter in athlete information online and create concise reports instead of carrying around excess paper to events.

47%

of programs in the U.S. were using the new forms for either
all athletes or at MedFest as of May 2016



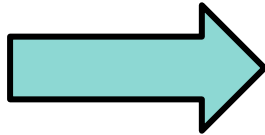
What are the benefits of the new forms?

- The Participant Release Form will be used universally with other Special Olympics Programs and only needs to be completed ONCE.
- In the future SO Connect may have the potential to allow coaches and/or athletes to make immediate updates to the athlete's health profile.
- Clean version and easy to follow on what fields each group needs to complete.
- Ensures that each athlete is receiving a complete physical to identify any underlying health issues.
- If an athlete from another state comes to a delegation in Iowa with this form they will not have to complete a new physical.
- SOI already has the forms available in Spanish
- All forms are available in fillable PDF files.



Contents of the Participant Release & Athlete Medical Forms

SOI Physical and Consent Form



Required

- Athlete Information Form (1 page)
- Participant Release Form (1 page)
- Athlete Medical Form
 - Health History (2 pages)
 - Physical Exam (1 page)

If Necessary

- Emergency Medical Refusal Form
- Medical Referral Form
- Atlanto-Axial Instability (AAI) Special Release Form



Breaking Down the Participant Release & Athlete Medical Forms

- There are FIVE forms that are required for every athlete and THREE additional forms that are required in specific circumstances.
- The first time these forms are used for the athlete the five required forms will need to be completed in their entirety. Each time thereafter the physical is renewed only TWO forms will be required, unless updates are necessary.
- The two forms required at the time of renewal will be the Athlete Information Form and the Physical Exam.



Cover Sheet and Instructions

- Intended to communicate directly to coaches/athletes/parents/guardians what is required to submit for participation and where to properly submit forms.
- Provide an in-depth explanation of each field on the Athlete Health History and Physical Exam.
- Our goal is to help eliminate returned physicals for incompleteness, which in return saves time for all parties.



Athlete Information Form

- One page that needs to be submitted every three years with the Physical Exam
- Gathers basic information and demographics on the athlete
- Provides contact information for Parent/Guardian and/or Emergency Contact
- Physician and Insurance information is completed on this form
- More space to write legibly if printed off

Key Points

- ★ Enter Delegation name on this form
- ★ Notes if this is a new athlete or re-registering
- ★ Informs if a new Health History needs to be re-submitted with renewal
- ★ Do not have to re-enter contact information if same as athlete's - just check the box

SPECIAL OLYMPICS IOWA PHYSICAL & CONSENT FORM
PLEASE PRINT LEGIBLY

Athlete Name _____ Delegation (School/Facility) _____
 Birthdate _____ Gender _____ Parent/Guardian (Circle One) _____
 Athlete Phone (_____) _____ Parent/Guardian Phone (_____) _____
 Athlete Address _____ Parent Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

HEALTH INSURANCE & EMERGENCY INFORMATION

Emergency Contact _____ Emergency Contact Phone (_____) _____
 Medical Insurance _____ Policy Number _____

MEDICAL CLEARANCE

Does athlete have Down Syndrome? YES NO If yes, have any of the C1-C2 vertebrae been taken and examined? YES NO
 Date of x-ray _____ Atlantoaxial Instability: Positive AA Negative AA
 YES NO YES NO Blood Pressure _____ Height _____ Weight _____
 Heart Problems Blind Date of last Tetanus shot _____ Allergies _____
 Epilepsy/Seizures Deaf
 Diabetes Asthma _____
 Use of Wheelchair Hepatitis Other Conditions _____

Current Medication (List)	Dosage	Current Medication (List)	Dosage
_____	_____	_____	_____
_____	_____	_____	_____

I have examined the above-named Athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Sports athlete is NOT allowed to participate in: _____

Practitioner's Printed Name _____ Practitioner's Signature _____ Expiry Date _____
 Address _____ City _____ State _____ Zip _____ Phone (_____) _____
**Acceptable signatures are licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic.*

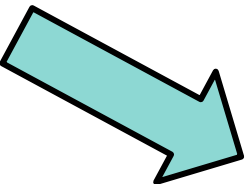
PARENT AND/OR GUARDIAN AUTHORIZATION & MEDIA RELEASE

I, on my own behalf or as the undersigned parent or legal guardian of the above named applicant (hereafter referred to as the "Athlete"), hereby give permission for the Athlete to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all athletes using the Sex Offender Public Registry and understand that athletes listed on the Registry will be denied participation. I affirm that this Athlete has never been on said Registry or, if Athlete was listed on the Sex Offender Public Registry but has since been removed I will contact Special Olympics soon for instruction before submitting this application. I represent and warrant that the Athlete is physically and mentally able to participate in Special Olympics. I understand that if the Athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, medical flexion or pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, table tennis, soccer, soccer skills, powerlifting, softball and butterfly stroke and diving open in swimming. On behalf of the Athlete and myself, I acknowledge that the Athlete will be using facilities at higher own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Athlete. In permitting the Athlete to participate, I am specifically granting permission to Special Olympics Iowa to use the likeness, voice and words of the Athlete in television, radio, film, newspapers, magazines and other media, and in any form not restrictive hereto, for the purpose of identifying or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Athlete has no obligation to participate and I understand the Athlete should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Athlete's health. If I am not personally present at Special Olympics activities in which the Athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Athlete. **Housing Policy:** I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact my State Program Office if I have any questions about housing arrangements for a specific event or the housing policy in general.*

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I will be bound thereby and I shall defend Special Olympics Iowa and hold it harmless from disaffirmation thereof.

I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Athlete, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I and said Athlete will be bound thereby, and I shall defend Special Olympics Iowa and hold it harmless from any disaffirmation thereof by said Athlete.

Athlete Signature _____ Signature of Parent _____
 Witness _____ Date _____ and/or Legal Guardian _____
 Print Name _____ Date _____



Athlete Name _____ Delegation (School/Facility) _____
 Birthdate _____ Gender _____ Parent/Guardian (Circle One) _____
 Athlete Phone (_____) _____ Parent/Guardian Phone (_____) _____
 Athlete Address _____ Parent Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

HEALTH INSURANCE & EMERGENCY INFORMATION

Emergency Contact _____ Emergency Contact Phone (_____) _____
 Medical Insurance _____ Policy Number _____

Previous "Athlete Information" Section

Athlete Information Form Example

ATHLETE INFORMATION FORM

Special Olympics



Special Olympics Iowa Delegation/Team: _____

Are you a new athlete to Special Olympics or Re-Registering? New Athlete Re-Registering

Has the athlete's Health History changed in the last three years? Yes No
 If Yes please submit an updated Health History along with the Exam.

ATHLETE INFORMATION		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date Birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Race/Ethnicity (Optional):		
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino (specific origin group: _____)		
Language(s) Spoken in Athlete's Home (Optional): Check all that apply		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
Sports/Activities:		
Athlete Employer, if any (Optional):		
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)		
Name:		
Relationship:		
<input type="checkbox"/> Same Contact Info as Athlete		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
EMERGENCY CONTACT INFORMATION		
<input type="checkbox"/> Same as Parent/Guardian		
Name:		
Phone:	Relationship:	
PHYSICIAN / INSURANCE INFORMATION		
Physician Name:		
Physician Phone:		
Insurance Company:	Insurance Policy Number:	
Insurance Group Number:		



Participant Release Form

- One page that only needs to be filled out once for the athlete
- This form will also be used for all Young Athlete Play Days
- Clearly explains each part of the release form
- Easier to read and understand
- Please understand that this is a legal document.
- Not in size 6 font

Key Points

- ★ If either box is marked under **#4 Emergency Care**, then an Emergency Care Refusal Form must be requested from the State Office and completed.
- ★ If legal name changes a new form must be submitted.

SPECIAL OLYMPICS IOWA PHYSICAL & CONSENT FORM
PLEASE PRINT LEGIBLY

Athlete Name _____ Delegation (School/Accty) _____
 Birthdate _____ Gender _____ Parent/Guardian (Circle One) _____
 Athlete Phone (_____) _____ Parent/Guardian Phone (_____) _____
 Athlete Address _____ Parent Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

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Emergency Contact _____ Emergency Contact Phone (_____) _____
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 YES NO YES NO Blood Pressure _____ Height _____ Weight _____
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 Epilepsy/Seizures Deaf
 Diabetes Asthma _____
 Use of Wheathair Hepatitis Other Conditions _____

Current Medication (List)	Dosage	Current Medication (List)	Dosage
_____	_____	_____	_____
_____	_____	_____	_____

I have examined the above-named Athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Sports athlete is **NOT** allowed to participate in: _____

Practitioner's Printed Name _____ Practitioner's Signature _____ Expiry Date _____

Address _____ City _____ State _____ Zip _____ Phone (_____) _____

**All healthcare signatures are licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic.*

PARENT AND/OR GUARDIAN AUTHORIZATION & MEDIA RELEASE

I, on my own behalf or as the undersigned parent or legal guardian of the above named applicant (hereafter referred to as the "Athlete"), hereby give permission for the Athlete to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all athletes using the Sex Offender Public Registry and understand that athletes listed on the Registry will be denied participation. I affirm that this Athlete has never been on said Registry or, if Athlete was listed on the Sex Offender Public Registry but has since been removed I will contact Special Olympics Iowa for instructions before submitting this application. I represent and warrant that the Athlete is physically and mentally able to participate in Special Olympics. I understand that if the Athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radial flexion or pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming. On behalf of the Athlete and myself, I acknowledge that the Athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Athlete. In permitting the Athlete to participate, I am specifically granting permission to Special Olympics Iowa to use the likeness, voice and words of the Athlete in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Athlete has no obligation to participate and I understand the Athlete should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Athlete's health. If I am not personally present at Special Olympics activities in which the Athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Athlete. **Housing Policy:** I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact my State Program Office if I have any questions about housing arrangements for a specific event or the housing policy in general.*

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I will be bound thereby and I shall defend Special Olympics Iowa and hold it harmless from defamation thereof.

Athlete Signature _____
 Witness _____ Date _____ Print Name _____ Date _____

Signature of Parent
 and/or Legal Guardian

PARENT AND/OR GUARDIAN AUTHORIZATION & MEDIA RELEASE

I, on my own behalf or as the undersigned parent or legal guardian of the above named applicant (hereafter referred to as the "Athlete"), hereby give permission for the Athlete to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all athletes using the Sex Offender Public Registry and understand that athletes listed on the Registry will be denied participation. I affirm that this Athlete has never been on said Registry or, if Athlete was listed on the Sex Offender Public Registry but has since been removed I will contact Special Olympics Iowa for instructions before submitting this application. I represent and warrant that the Athlete is physically and mentally able to participate in Special Olympics. I understand that if the Athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radial flexion or pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming. On behalf of the Athlete and myself, I acknowledge that the Athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Athlete. In permitting the Athlete to participate, I am specifically granting permission to Special Olympics Iowa to use the likeness, voice and words of the Athlete in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Athlete has no obligation to participate and I understand the Athlete should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Athlete's health. If I am not personally present at Special Olympics activities in which the Athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Athlete. **Housing Policy:** I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact my State Program Office if I have any questions about housing arrangements for a specific event or the housing policy in general.*

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Iowa and hold it harmless from defamation thereof.

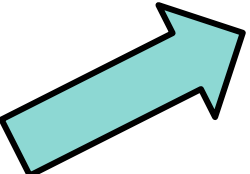
Athlete Signature _____

Witness _____ Date _____

I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Athlete, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I and said Athlete will be bound thereby, and I shall defend Special Olympics Iowa and hold it harmless from any defamation thereof by said Athlete.

Signature of Parent
 and/or Legal Guardian _____

Print Name _____ Date _____



Previous "Participant Release Form" Section

Participant Release Form Example

PARTICIPANT RELEASE FORM

Special Olympics



I agree to the following:

- 1. Ability to Participate.** I am physically able to take part in Special Olympics activities.
- 2. Likeness Release.** I give permission to Special Olympics to use my photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics. For this form, "Special Olympics" means all Special Olympics organizations.
- 3. Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- 4. Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
 I have a religious or other objection to receiving medical treatment.
 I do not consent to blood transfusions.
(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
- 5. Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
- 6. Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- 7. Personal Information.** I understand that Special Olympics is collecting my personal information.
 - I consent to Special Olympics using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related operations and activities; and provide event-related services.
 - I consent to Special Olympics using my email address and creating a profile of me for communications and marketing purposes.
 - I understand that Special Olympics may disclose my personal information to medical professionals in the event of an emergency and to third party researchers to analyze data for the purposes of improving Special Olympics programming and identifying and responding to the needs of Special Olympics participants.
 - I understand that Special Olympics may disclose my personal information to government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I consent to Special Olympics storing and processing my personal information in countries, including the United States of America, that have laws requiring a different level of privacy and data protection.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to make changes to or delete my information.

ATHLETE NAME: _____ Email: _____

ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____



Athlete Medical Form - Health History

- The first two pages completed by the athlete and/or parent/guardian/caregiver that needs to be submitted once and updated when health information changes.
- Gives the State Office the capability to generate more detailed reports to give to coaches to use at competitions
- The health history is important for two reasons:
 - to have medical information on hand during training and competition, in case of a medical emergency
 - to ensure that the physician is informed of the athlete's health history when performing the exam

Key Points

- ★ It is advised that this form is completed every three years along with the physical to provide the physician with background.
- ★ Must be submitted if an athlete's Health History changes during the three years, otherwise it is not required for resubmission.
- ★ Required the first time any athlete uses the new paperwork, regardless if it is a renewal.

Athlete Medical Form - Health History Example

Athlete Medical Form – HEALTH HISTORY (To be completed by the athlete or parent/guardian/caregiver and brought to exam)



Athlete First & Last Name: _____ Preferred Name: _____
 Athlete Date of Birth (mm/dd/yyyy): _____ Female Male

STATE PROGRAM: _____ E-mail: _____

ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

Autism Down Syndrome Fragile X Syndrome
 Cerebral Palsy Fetal Alcohol Syndrome
 Other Syndrome, please specify: _____

ALLERGIES & DIETARY RESTRICTIONS No Known Allergies Latex Medications: _____ Insect Bites or Stings: _____ Food: _____

ASSISTED DEVICES - Does the athlete use (check any that apply):

Brace C-PAP Machine Glasses or Contacts Implants Device Removable Prosthetics Colostomy Crutches or Walker G-Tube or J-Tube Inhaler Splint Communication Device Dentures Hearing Aid Pacemaker Wheel Chair

List any special dietary needs: _____

SPORTS PARTICIPATION
 List all Special Olympics sports the athlete wishes to play: _____

Has a doctor ever limited the athlete's participation in sports?
 No Yes *If yes, please describe:* _____

SURGERIES, INFECTIONS, VACCINES
 List all past surgeries: _____

Does the athlete currently have any chronic or acute infection?
 No Yes *If yes, please describe:* _____

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? *If yes, describe date and results*
 Yes, had abnormal EKG Yes, had abnormal Echo _____

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder No Yes
If yes, list seizure type: _____
If yes, had seizure during the past year? No Yes

MENTAL HEALTH

Self-injurious behavior during the past year No Yes
 Aggressive behavior during the past year No Yes
 Depression (diagnosed) No Yes
 Anxiety (diagnosed) No Yes
 Describe any additional mental health concerns: _____

FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes
 Has any family member or relative died while exercising? No Yes
 List all medical conditions that run in the athlete's family: _____

Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete's First and Last Name: _____

HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness <input type="checkbox"/> No <input type="checkbox"/> Yes	High Blood Pressure <input type="checkbox"/> No <input type="checkbox"/> Yes	Stroke/TIA <input type="checkbox"/> No <input type="checkbox"/> Yes
Dizziness during or after exercise <input type="checkbox"/> No <input type="checkbox"/> Yes	High Cholesterol <input type="checkbox"/> No <input type="checkbox"/> Yes	Concussions <input type="checkbox"/> No <input type="checkbox"/> Yes
Headache during or after exercise <input type="checkbox"/> No <input type="checkbox"/> Yes	Vision Impairment <input type="checkbox"/> No <input type="checkbox"/> Yes	Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes
Chest pain during or after exercise <input type="checkbox"/> No <input type="checkbox"/> Yes	Hearing Impairment <input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes
Shortness of breath during or after exercise <input type="checkbox"/> No <input type="checkbox"/> Yes	Enlarged Spleen <input type="checkbox"/> No <input type="checkbox"/> Yes	Hepatitis <input type="checkbox"/> No <input type="checkbox"/> Yes
Irregular, racing or skipped heart beats <input type="checkbox"/> No <input type="checkbox"/> Yes	Single Kidney <input type="checkbox"/> No <input type="checkbox"/> Yes	Urinary Discomfort <input type="checkbox"/> No <input type="checkbox"/> Yes
Congenital Heart Defect <input type="checkbox"/> No <input type="checkbox"/> Yes	Osteoporosis <input type="checkbox"/> No <input type="checkbox"/> Yes	Spina Bifida <input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Attack <input type="checkbox"/> No <input type="checkbox"/> Yes	Osteopenia <input type="checkbox"/> No <input type="checkbox"/> Yes	Arthritis <input type="checkbox"/> No <input type="checkbox"/> Yes
Cardiomyopathy <input type="checkbox"/> No <input type="checkbox"/> Yes	Sickle Cell Disease <input type="checkbox"/> No <input type="checkbox"/> Yes	Heart Illness <input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Valve Disease <input type="checkbox"/> No <input type="checkbox"/> Yes	Sickle Cell Trait <input type="checkbox"/> No <input type="checkbox"/> Yes	Broken Bones <input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Murmur <input type="checkbox"/> No <input type="checkbox"/> Yes	Easy Bleeding <input type="checkbox"/> No <input type="checkbox"/> Yes	Dislocated Joints <input type="checkbox"/> No <input type="checkbox"/> Yes
Endocarditis <input type="checkbox"/> No <input type="checkbox"/> Yes		

Describe any past broken bones or dislocated joints *If female athlete, list date of last menstrual period:* _____
(if yes is checked for either of those fields above)

List any other ongoing or past medical conditions: _____

Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability

Difficulty controlling bowels or bladder No Yes *If yes, is this new or worse in the past 3 years?* No Yes

Numbness or tingling in legs, arms, hands or feet No Yes *If yes, is this new or worse in the past 3 years?* No Yes

Weakness in legs, arms, hands or feet No Yes *If yes, is this new or worse in the past 3 years?* No Yes

Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet No Yes *If yes, is this new or worse in the past 3 years?* No Yes

Head Tilt No Yes *If yes, is this new or worse in the past 3 years?* No Yes

Spasticity No Yes *If yes, is this new or worse in the past 3 years?* No Yes

Paralysis No Yes *If yes, is this new or worse in the past 3 years?* No Yes

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW
(includes inhalers, birth control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications? No Yes

Name of Person Completing this Form _____ Relationship to Athlete _____ Phone _____ Email _____



Athlete Medical Form - Physical Exam

- The third page completed by a licensed health professional that needs to be renewed every three years.
- **Must be filled out in its entirety to be approved by the State Office.**
- Indicates if the athlete has been cleared to participate in Special Olympics sports
- If an athlete requires further examination due to a concerning health issue before clearance can be determined, a referral form is available on the fourth page.
- The exam is more thorough with the end goal being better health for the athlete
- The SOI Medical Advisory Committee has determined that these are common procedures that doctors should already be conducting.

SPECIAL OLYMPICS IOWA PHYSICAL & CONSENT FORM
PLEASE PRINT LEGIBLY

Athlete Name _____ Delegation (School/Facility) _____
 Birthdate _____ Gender _____ Parent/Guardian (Print One) _____
 Athlete Phone (_____) _____ Parent/Guardian Phone (_____) _____
 Athlete Address _____ Parent Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

HEALTH INSURANCE & EMERGENCY INFORMATION

Emergency Contact _____ Emergency Contact Phone (_____) _____
 Medical Insurance _____ Policy Number _____

MEDICAL CLEARANCE

Does athlete have Down Syndrome? YES NO If yes, have x-rays of the C1-C2 vertebrae been taken and examined? YES NO
 Date of x-ray _____ Atlantoaxial Instability: Positive AA Negative AA
 Blood Pressure _____ Height _____ Weight _____
 Heart Problems YES NO Blind YES NO
 Epileptic/Seizures Deaf _____
 Diabetes Asthma _____
 Use Wheelchair Hepatitis _____
 Date of last Tetanus shot _____ Allergies _____
 Other Conditions _____

Current Medication (List)	Dosage	Current Medication (List)	Dosage
_____	_____	_____	_____

I have examined the above-named Athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Sports athlete is **NOT** allowed to participate in: _____

Practitioner's Printed Name _____ Practitioner's Signature _____ Exam Date _____
 Address _____ City _____ State _____ Zip _____ Phone (_____) _____

PARENT AND/OR GUARDIAN AUTHORIZATION & MEDIA RELEASE

I, on my own behalf or as the undersigned parent or legal guardian of the above named applicant (hereafter referred to as the "Athlete"), hereby give permission for the Athlete to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all athletes using the Sex Offender Public Registry and understand that athletes listed on the Registry will be denied participation. I affirm that this Athlete has never been on said Registry or, if Athlete was listed on the Sex Offender Public Registry but has since been removed I will contact Special Olympics soon for instruction before submitting this application. I represent and warrant that the Athlete is physically and mentally able to participate in Special Olympics. I understand that if the Athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, medical flexion or pressure on the neck or upper spine unless a full neurological examination establishes the absence of Atlantoaxial instability. I am aware that sports and events for which this neurological examination is required are equestrian sports, artistic gymnastics, diving, orientation, high jump, table tennis, soccer, soccer skills, powerlifting, softball and butterfly stroke and diving starts in swimming. On behalf of the Athlete and myself, I acknowledge that the Athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Athlete. In permitting the Athlete to participate, I am specifically granting permission to Special Olympics to use the likeness, voice and words of the Athlete in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of identifying or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Athlete has no obligation to participate and I understand the Athlete should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Athlete's health. If I am not personally present at Special Olympics activities in which the Athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the Athlete. Housing Policy: I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact my State Program Office if I have any questions about housing arrangements for a specific event or the housing policy in general.

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I will be bound thereby and I shall defend Special Olympics from and hold it harmless from dissemination thereof.

I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Athlete, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I and said Athlete will be bound thereby, and I shall defend Special Olympics from and hold it harmless from any dissemination thereof by said Athlete.

Athlete Signature _____ Signature of Parent
 Witness _____ Date _____ and/or Legal Guardian
 Print Name _____ Date _____

MEDICAL CLEARANCE

Does athlete have Down Syndrome? YES NO If yes, have x-rays of the C1-C2 vertebrae been taken and examined? YES NO
 Date of x-ray _____ Atlantoaxial Instability: Positive AA Negative AA
 Blood Pressure _____ Height _____ Weight _____
 Heart Problems YES NO Blind YES NO
 Epileptic/Seizures Deaf _____
 Diabetes Asthma _____
 Use Wheelchair Hepatitis _____
 Date of last Tetanus shot _____ Allergies _____
 Other Conditions _____

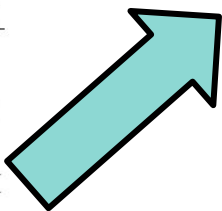
Current Medication (List)	Dosage	Current Medication (List)	Dosage
_____	_____	_____	_____

I have examined the above-named Athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Sports athlete is **NOT** allowed to participate in: _____

Practitioner's Printed Name _____ Practitioner's Signature _____ Exam Date _____
 Address _____ City _____ State _____ Zip _____ Phone (_____) _____

**Acceptable signatures are licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic.*



Previous Physical Form Section

Athlete Medical Form - Physical Exam example

Athlete Medical Form – PHYSICAL EXAM (To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: _____

MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O ₂ Sat	Blood Pressure (in mmHg)	Vision
cm	kg	BMI	C			BP Right: BP Left:	Right Vision 20/40 or better <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
in	lbs	Body Fat %	F				Left Vision 20/40 or better <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Right Hearing (Finger Rub) Responds No Response Can't Evaluate
 Left Hearing (Finger Rub) Responds No Response Can't Evaluate
 Right Ear Canal Clear Cerumen Foreign Body
 Left Ear Canal Clear Cerumen Foreign Body
 Right Tympanic Membrane Clear Perforation Infection NA
 Left Tympanic Membrane Clear Perforation Infection NA
 Oral Hygiene Good Fair Poor
 Thyroid Enlargement No Yes
 Lymph Node Enlargement No Yes
 Heart Murmur (supine) No 1/6 or 2/6 3/6 or greater
 Heart Murmur (upright) No 1/6 or 2/6 3/6 or greater
 Heart Rhythm Regular Irregular
 Lungs Clear Not clear
 Right Leg Edema No 1+ 2+ 3+ 4+
 Left Leg Edema No 1+ 2+ 3+ 4+
 Radial Pulse Symmetry Yes R>L L>R
 Cyanosis No Yes, describe
 Clubbing No Yes, describe

Bowel Sounds Yes No
 Hepatomegaly No Yes
 Splenomegaly No Yes
 Abdominal Tenderness No RUQ RLQ LUQ LLQ
 Kidney Tenderness No Right Left
 Right upper extremity reflex Normal Diminished Hyperreflexia
 Left upper extremity reflex Normal Diminished Hyperreflexia
 Right lower extremity reflex Normal Diminished Hyperreflexia
 Left lower extremity reflex Normal Diminished Hyperreflexia
 Abnormal Gait No Yes, describe below
 Spasticity No Yes, describe below
 Tremor No Yes, describe below
 Neck & Back Mobility Full Not full, describe below
 Upper Extremity Mobility Full Not full, describe below
 Lower Extremity Mobility Full Not full, describe below
 Upper Extremity Strength Full Not full, describe below
 Lower Extremity Strength Full Not full, describe below
 Loss of Sensitivity No Yes, describe below

SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

- Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability. **OR**
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

- This athlete is **ABLE** to participate in Special Olympics sports without restrictions.
- This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → _____
- This athlete **MAY NOT PARTICIPATE** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:
 - Concerning Cardiac Exam Acute Infection O₂ Saturation Less than 90% on Room Air
 - Concerning Neurological Exam Stage II Hypertension or Greater Hepatomegaly or Splenomegaly
 - Other, please describe: _____

- Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:**
- Follow up with a cardiologist Follow up with a neurologist Follow up with a primary care physician
 - Follow up with a vision specialist Follow up with a hearing specialist Follow up with a dentist or dental hygienist
 - Follow up with a podiatrist Follow up with a physical therapist Follow up with a nutritionist
 - Other/Exam Notes: _____

Signature of Licensed Medical Examiner	Exam Date	Name:
		E-mail:
		Phone:
		License #:



Overview - What is what?

SOI Physical and Consent Form



Required

- Athlete Information Form (1 page)
- Participant Release Form (1 page)
- Athlete Medical Form
 - Health History (2 pages)
 - Physical Exam (1 page)

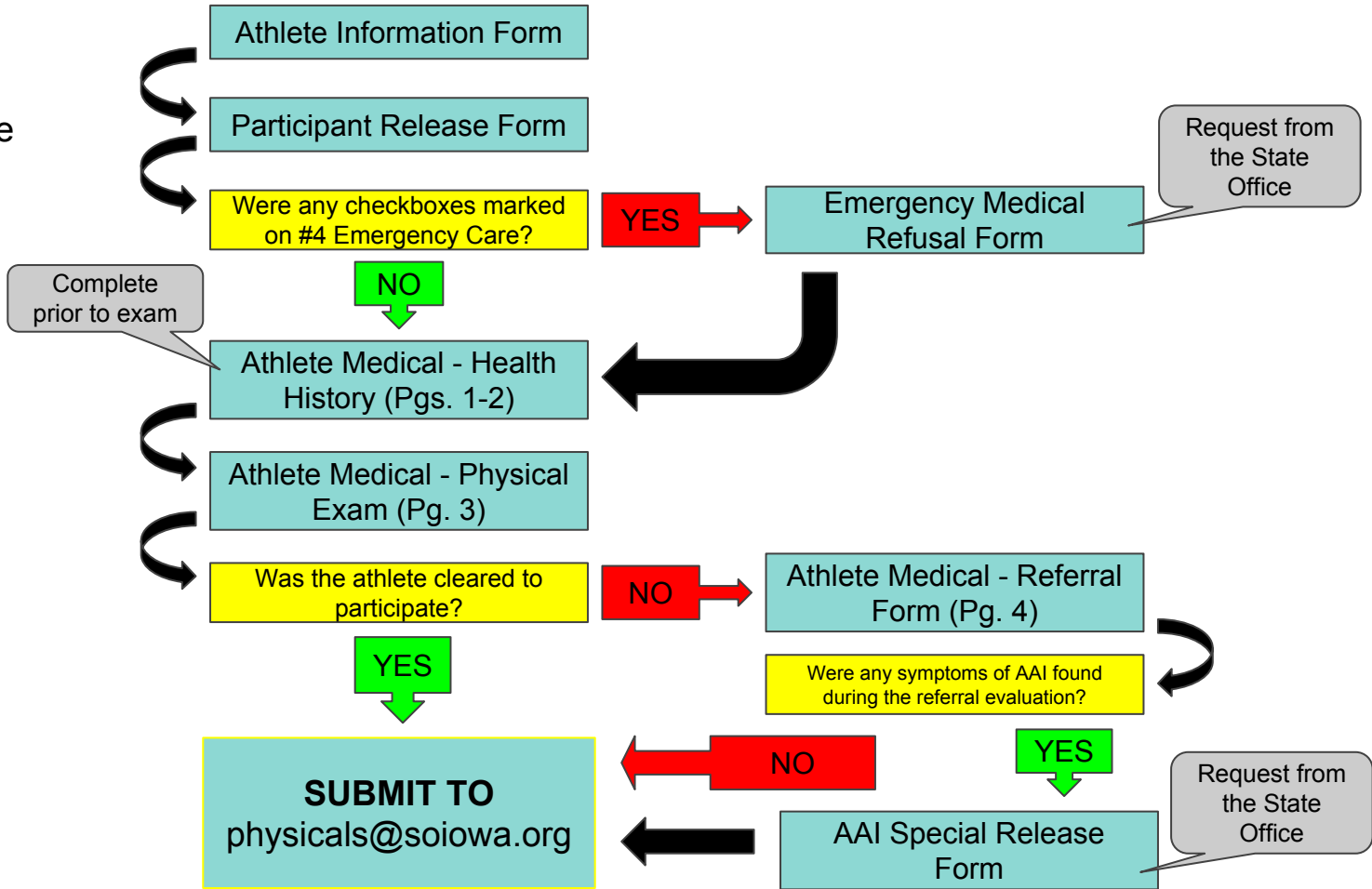
If Necessary

- Emergency Medical Refusal Form
- Medical Referral Form
- Atlanto-Axial Instability (AAI) Special Release Form

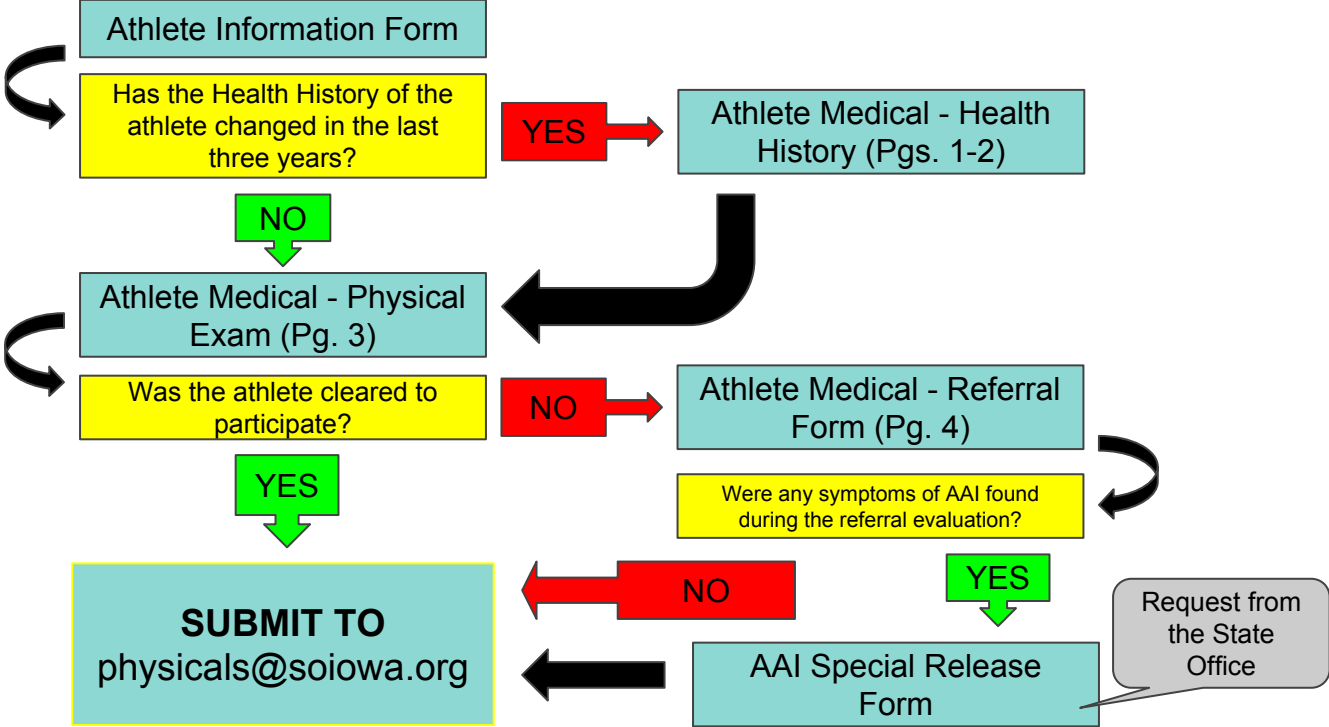
Required

New Form	Previous Form	When to Submit	How Often
Athlete Information Form	Top section of the SOIA Physical & Consent Form	All new athletes and upon submission of renewing release and physical forms.	Every three years
Participant Release Form	Bottom section of the SOIA Physical & Consent Form	All new athletes and upon expiration date of current release form on file.	One time - it is good for life, unless legal name change
Athlete Medical Form - Health History		All new athletes and upon expiration date of current physical form on file.	One time - update when necessary
Athlete Medical Form - Physical Exam	Middle section of the SOIA Physical & Consent Form	All new athletes and upon expiration date of current physical form on file.	Every three years
Emergency Medical Care Refusal Form		Only if the participant and/or parent/guardian checked a box on #4 of the Participant Release Form.	One time if needed
Athlete Medical Form - Medical Referral Form		Only if the participant's physician marked on the Physical Exam that they MUST be further evaluated.	Every three years with Physical Exam if needed
Atlanto-Axial Instability Special Release Form	Small checkbox a part of the SOIA Physical & Consent Form	Only if the participant's physician marked on the Physical Exam that they show symptoms and have had an additional evaluation.	Every three years with Physical Exam if needed

Step-by-Step
Guide to
Completing the
Forms the
First Time



Step-by-Step
Guide to
Completing the
Forms the
Second Time -
Renewal





FAQ

- When are we planning on implementing and using these forms?
 - The launch date will be October 1, 2017.
- What if my athlete's physical and consent do not expire until 2020?
 - When they renew their physical in 2020 they will use the new forms, they will NOT have to get a new physical before then.
- Can the physician omit fields on the Physical Exam?
 - No, all fields on the Physical Exam must be filled out and legible.
- Do I really need to complete all eight forms?
 - In a very rare occasion it could be possible that all eight forms would have to be submitted. But those chances are very slim.
- During the second submission of the new forms for my athlete what is required?
 - The Athlete Information Form and the Physical Exam - unless the Health History Changes.

THANK YOU

If you have any questions regarding the new forms please contact Tanner Nissen at tnissen@soiowa.org.

