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- Our current form is outdated and would need to be revised to meet legal needs.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
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
- Gather 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
**Previous “Athlete Information” Section**

**SPECIAL OLYMPICS IOWA PHYSICAL & CONSENT FORM**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Father/Guardian</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Birthdate</td>
<td></td>
</tr>
<tr>
<td>Blood Type</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Eye Color</td>
<td></td>
</tr>
<tr>
<td>Hair Color</td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Medical History</td>
<td></td>
</tr>
<tr>
<td>Current Medications</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH INSURANCE & EMERGENCY INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Phone</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Phone</td>
<td></td>
</tr>
<tr>
<td>Medical Insurance</td>
<td></td>
</tr>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
</tbody>
</table>

**Signature**

**Date**

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**Athlete Signature**

**Date**
## ATHLETE INFORMATION FORM

**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

### ATHLETE INFORMATION

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Preferred Name:</td>
</tr>
</tbody>
</table>

Date Birth (mm/dd/yyyy):

Race/Ethnicity (Optional):
- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Hispanic or Latino (specific origin group)

Language(s) Spoken in Athlete’s Home (Optional): Check all that apply
- [ ] English
- [ ] Spanish
- [ ] Other (please list):

Street Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Postal Code:</th>
</tr>
</thead>
</table>

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? 
- [ ] Yes
- [ ] No

**PARENT / GUARDIAN INFORMATION** (required if minor or otherwise has a legal guardian)

Name: 
Relationship:

Same Contact Info as Athlete

Street Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Postal Code:</th>
</tr>
</thead>
</table>

Phone: E-mail:

**EMERGENCY CONTACT INFORMATION**

Same as Parent/Guardian

Name: 
Relationship:

**PHYSICIAN / INSURANCE INFORMATION**

Physician Name: 
Physician Phone: 
Insurance Company: 
Insurance Policy Number: 
Insurance Group Number:

Please submit to physicals@solowa.org
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.

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.
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. 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. All training 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 with any legal or medical issues that arise in connection with Special Olympics events. I give 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: ____________________________

Please submit to physicals@solowa.org

Updated 4 August 2017
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
(To be completed by the athlete or parent/guardian in advance and brought to exam)

Athlete's First and Last Name:

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

- Headache during or after exercise
- Chest pain during or after exercise
- Fatigue during or after exercise
- Unusual tiredness during or after exercise
- Irregular, racing, or skipped heart beats
- Congenital Heart Defect
- Heart Attack
- Stroke
- Heart Valve Disease
- Heart Murmur
- Osteoporosis
- Osteosarcoma
- Sickle Cell Trait
- Sickle Cell Disease
- Broken Bones
- Easy Bleeding
- Nasal Bleeding
- Disseminated Joints
- Kidney stone
- Female athletes. Not data of last menstrual period:

SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play:

If a doctor ever limited the athlete's participation in sports?

- Yes
- No

Sports that were limited:

BURGERS, INFECTIONS, VACCINES

List all past surgeries:

If the athlete currently has any chronic or acute infections?

- Yes
- No

If the athlete has had an abnormal Electrocardiogram (EGG) or Echocardiogram (Echo)?

- Yes
- No

- If yes, describe:

EPILEPSY OR SEIZURE HISTORY

If the athlete has had a Tension virus in the past 2 years?

- Yes
- No

- If yes, list seizure type:

MENTAL HEALTH

If the athlete has a history of depression due to stress or depression?

- Yes
- No

- If yes, describe:

If the athlete has a history of anxiety due to stress or anxiety?

- Yes
- No

- If yes, describe:

FAMILY HISTORY

Has any relative died of a heart problem before age 50?

- Yes
- No

Has any family member or relative died while exercising?

- Yes
- No

List all medical conditions that run in the athlete's family:

Medication, Vitamin or Supplement Name
Dosage (per day)
Medication, Vitamin or Supplement Name
Dosage (per day)
Medication, Vitamin or Supplement Name
Dosage (per day)
Medication, Vitamin or Supplement Name
Dosage (per day)

Is the athlete able to administer his or her own medications?

- Yes
- No

Name of Person Completing This Form

Relationship to Athlete

Phone

Email

Medical Form for US Programs – Updated July 2017
Special Olympics Medical Form
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.
Previous Physical Form Section
# Athlete Medical Form - Physical Exam example

## Medical Physical Information

**Athlete's First and Last Name:**

<table>
<thead>
<tr>
<th>Medical Physical Information</th>
<th>(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (cm)</td>
<td>Weight (kg)</td>
</tr>
<tr>
<td><strong>HEIGHT</strong></td>
<td><strong>WEIGHT</strong></td>
</tr>
<tr>
<td>170</td>
<td>70</td>
</tr>
</tbody>
</table>

### Spinal Cord Compression & Atlantoaxial Instability (AXA) (Malalignment)

- Athlete shows NO EVIDENCE of neurological symptoms or physical findings associated with spinal cord compression or atlantoaxial instability, OR
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial 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.

- The athlete is ABLE to participate in Special Olympics sports with restrictions. Describe ____________.
- The 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
  - Concerning Neurological Exam
  - Other, please describe.

### Additional Licensed Examiner's Notes and Recommended Follow-up:

- Follow-up with a radiologist
- Follow-up with a neurologist
- Follow-up with a primary care physician
- Follow-up with a vision specialist
- Follow-up with a physical therapist
- Additional Exam Notes:

**Name:**

**E-mail:**

**Signature of Licensed Medical Examiner:**

Exam Date: ___

Phone: ___

License #: ___

Medical Form for US Programs - Updated July 2017

Special Olympics Medical Form - 3 of 4
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
<table>
<thead>
<tr>
<th>New Form</th>
<th>Previous Form</th>
<th>When to Submit</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete Information Form</td>
<td>Top section of the SOIA Physical &amp; Consent Form</td>
<td>All new athletes and upon submission of renewing release and physical forms.</td>
<td>Every three years</td>
</tr>
<tr>
<td>Participant Release Form</td>
<td>Bottom section of the SOIA Physical &amp; Consent Form</td>
<td>All new athletes and upon expiration date of current release form on file.</td>
<td>One time - it is good for life, unless legal name change</td>
</tr>
<tr>
<td>Athlete Medical Form - Health History</td>
<td>Middle section of the SOIA Physical &amp; Consent Form</td>
<td>All new athletes and upon expiration date of current physical form on file.</td>
<td>One time - update when necessary</td>
</tr>
<tr>
<td>Athlete Medical Form - Physical Exam</td>
<td>Middle section of the SOIA Physical &amp; Consent Form</td>
<td>All new athletes and upon expiration date of current physical form on file.</td>
<td>Every three years</td>
</tr>
<tr>
<td>Emergency Medical Care Refusal Form</td>
<td></td>
<td>Only if the participant and/or parent/guardian checked a box on #4 of the Participant Release Form.</td>
<td>One time if needed</td>
</tr>
<tr>
<td>Athlete Medical Form - Medical Referral Form</td>
<td></td>
<td>Only if the participant’s physician marked on the Physical Exam that they MUST be further evaluated.</td>
<td>Every three years with Physical Exam if needed</td>
</tr>
<tr>
<td>Atlanto-Axial Instability Special Release Form</td>
<td>Small checkbox a part of the SOIA Physical &amp; Consent Form</td>
<td>Only if the participant’s physician marked on the Physical Exam that they show symptoms and have had an additional evaluation.</td>
<td>Every three years with Physical Exam if needed</td>
</tr>
</tbody>
</table>
Step-by-Step Guide to Completing the Forms the First Time

- Athlete Information Form
- Participant Release Form
- Were any checkboxes marked on #4 Emergency Care?
  - NO
  - YES
  - YES → Emergency Medical Refusal Form
  - NO
- Athlete Medical - Health History (Pgs. 1-2)
- Athlete Medical - Physical Exam (Pg. 3)
- Was the athlete cleared to participate?
  - NO
  - NO → Athlete Medical - Referral Form (Pg. 4)
  - YES
- Were any symptoms of AAI found during the referral evaluation?
  - YES
  - Request from the State Office
  - Request from the State Office
  - SUBMIT TO physicals@soiowa.org
  - AAI Special Release Form

Complete prior to exam

- Request from the State Office
Step-by-Step Guide to Completing the Forms the Second Time - Renewal

Athlete Information Form
Has the Health History of the athlete changed in the last three years?

NO
YES

Athlete Medical - Health History (Pgs. 1-2)

Was the athlete cleared to participate?

YES
NO

Athlete Medical - Physical Exam (Pg. 3)

Athlete Medical - Referral Form (Pg. 4)

 Were any symptoms of AAI found during the referral evaluation?

YES
NO

AAI Special Release Form

SUBMIT TO physicals@soiowa.org

Request from the State Office
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.