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- Our current form is outdated and would need to be revised to meet legal needs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%

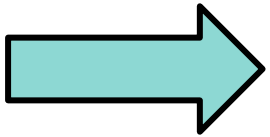
of programs in the U.S. were using the new forms for either all athletes or at MedFest as of May 2016

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

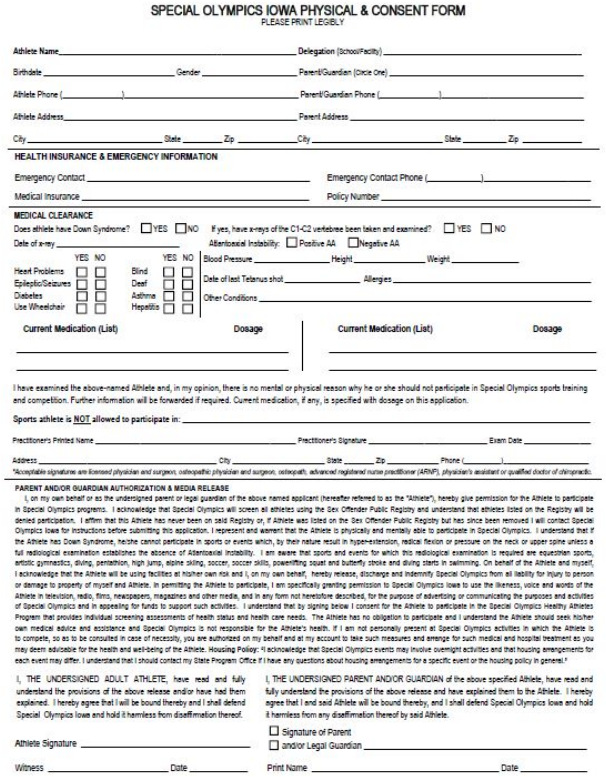
- Intended to communicate directly to coaches/athletes/parents/guardians what is required to submit for participation and where to properly submit forms.
- Provide an in-depth explanation of each field on the Athlete Health History and Physical Exam.
- Our goal is to help eliminate returned physicals 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 x-rays of the C1-C2 vertebree been taken and examined? ☐ YES ☐ NO

Date of x-ray _____ Atlantoaxial Instability: ☐ Positive AA ☐ Negative AA

	YES	NO		YES	NO
Heart Problems	☐	☐	Blind	☐	☐
Epileptic/Seizures	☐	☐	Deaf	☐	☐
Diabetes	☐	☐	Asthma	☐	☐
Use Wheelchair	☐	☐	Hepatitis	☐	☐

Blood Pressure _____ Height _____ Weight _____

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.

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, radical 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 disaffirmation thereof.

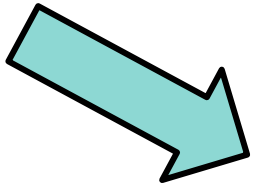
Athlete Signature _____

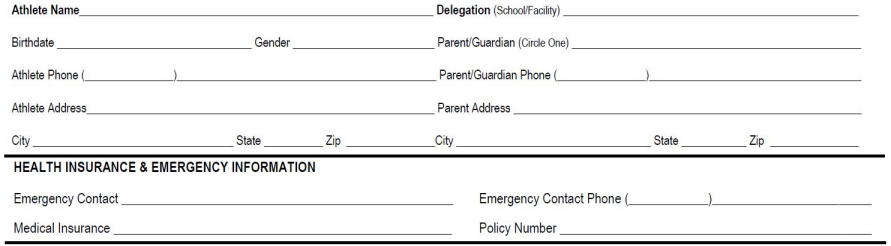
Witness _____ Date _____

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 disaffirmation thereof by said Athlete.

☐ Signature of Parent
☐ 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 _____

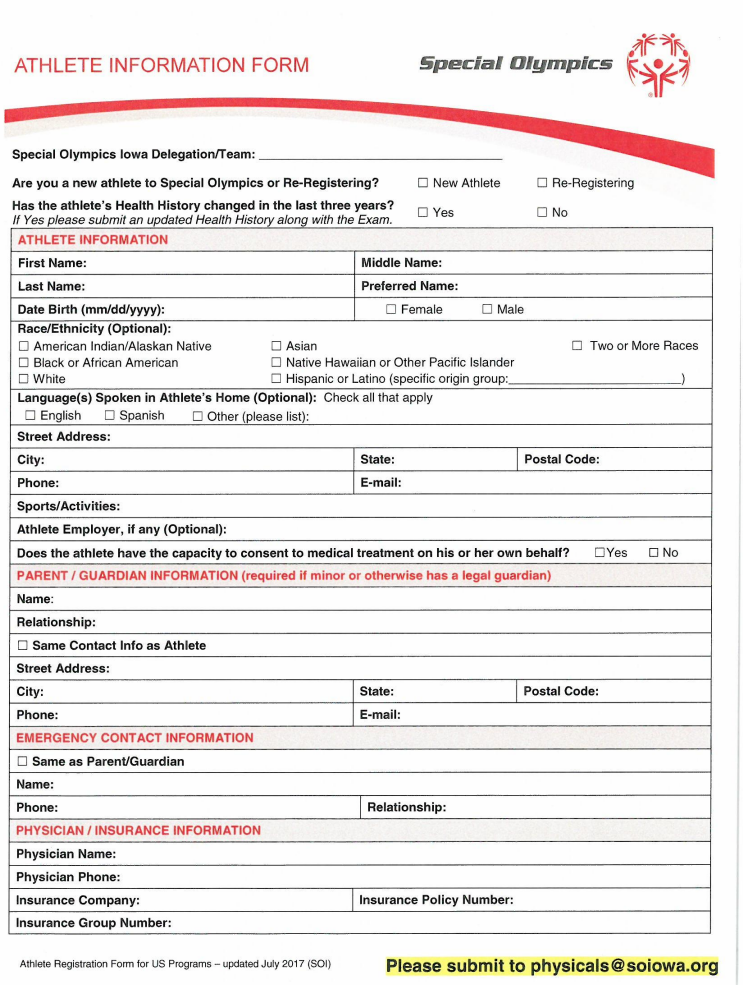
HEALTH INSURANCE & EMERGENCY INFORMATION

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):	☐ Female ☐ Male	
Race/Ethnicity (Optional): ☐ American Indian/Alaskan Native ☐ Asian ☐ Two or More Races ☐ 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:		
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? ☐Yes ☐ No		
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)		
Name:		
Relationship:		
☐ **Same Contact Info as Athlete**		
Street Address:		
City:	**State:**	**Postal Code:**
Phone:	**E-mail:**	
EMERGENCY CONTACT INFORMATION		
☐ **Same as Parent/Guardian**		
Name:		
Phone:	**Relationship:**	
PHYSICIAN / INSURANCE INFORMATION		
Physician Name:		
Physician Phone:		
Insurance Company:	**Insurance Policy Number:**	
Insurance Group Number:		

Athlete Registration Form for US Programs – updated July 2017 (SOI)

Please submit to physicals@soiowa.org

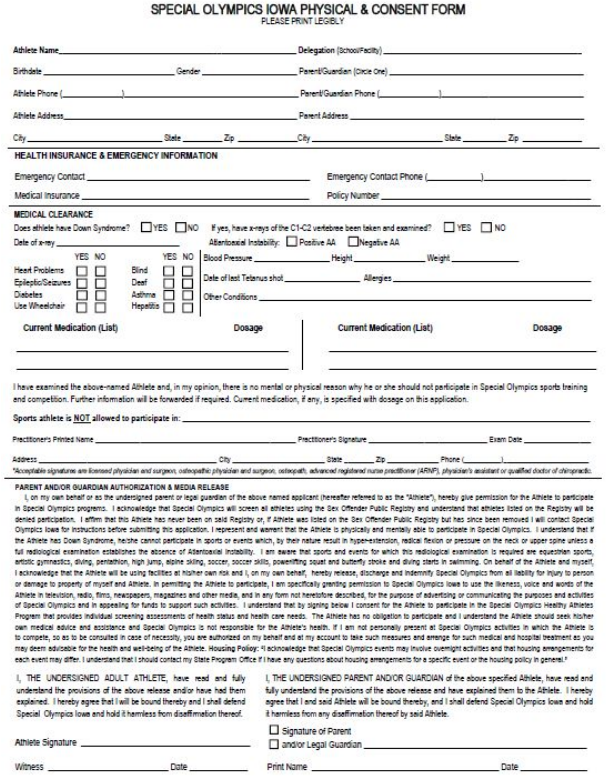
Participant Release Form

- 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.
- 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.



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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 (_____)_____

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MEDICAL CLEARANCE

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Date of x-ray _____ Atlantoaxial Instability: ☐ Positive AA ☐ Negative AA

	YES	NO		YES	NO
Heart Problems	☐	☐	Blind	☐	☐
Epileptic/Seizures	☐	☐	Deaf	☐	☐
Diabetes	☐	☐	Asthma	☐	☐
Use Wheelchair	☐	☐	Hepatitis	☐	☐

Blood Pressure _____ Height _____ Weight _____

Date of last Telanus shot _____ Allergies _____

Other Conditions _____

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

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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.

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Athlete Signature _____

Witness _____ Date _____

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☐ Signature of Parent
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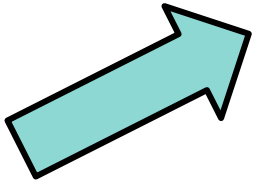
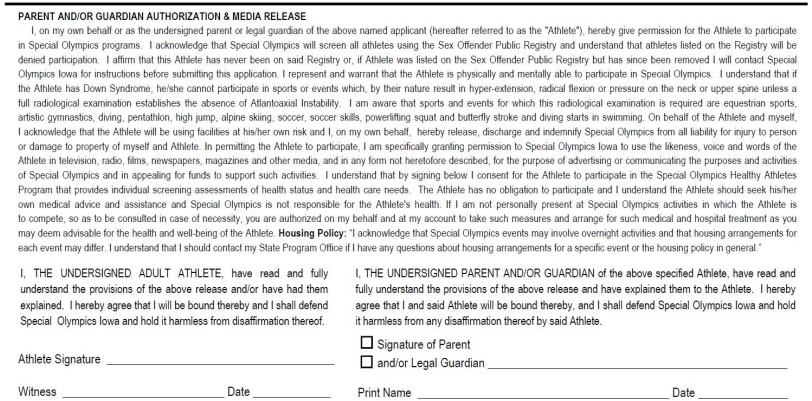
Print Name _____ Date _____





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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 disaffirmation 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 disaffirmation 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: _____

Updated 4 August 2017

Please submit to physicals@soiowa.org

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)

Special Olympics

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
- ☐ Colostomy
- ☐ Communication Device
- ☐ C-PAP Machine
- ☐ Crutches or Walker
- ☐ Dentures
- ☐ Glasses or Contacts
- ☐ G-Tube or J-Tube
- ☐ Hearing Aid
- ☐ Implanted Device
- ☐ Inhaler
- ☐ Pacemaker
- ☐ Removable Prosthetics
- ☐ Splint
- ☐ 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	**Depression** *(diagnosed)*	☐ No	☐ Yes
Aggressive behavior during the past year	☐ 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	☐ No	☐ Yes	High Blood Pressure	☐ No	☐ Yes	Stroke/TIA	☐ No	☐ Yes
Dizziness during or after exercise	☐ No	☐ Yes	High Cholesterol	☐ No	☐ Yes	Concussions	☐ No	☐ Yes
Headache during or after exercise	☐ No	☐ Yes	Vision Impairment	☐ No	☐ Yes	Asthma	☐ No	☐ Yes
Chest pain during or after exercise	☐ No	☐ Yes	Hearing Impairment	☐ No	☐ Yes	Diabetes	☐ No	☐ Yes
Shortness of breath during or after exercise	☐ No	☐ Yes	Enlarged Spleen	☐ No	☐ Yes	Hepatitis	☐ No	☐ Yes
Irregular, racing or skipped heart beats	☐ No	☐ Yes	Single Kidney	☐ No	☐ Yes	Urinary Discomfort	☐ No	☐ Yes
Congenital Heart Defect	☐ No	☐ Yes	Osteoporosis	☐ No	☐ Yes	Spina Bifida	☐ No	☐ Yes
Heart Attack	☐ No	☐ Yes	Osteopenia	☐ No	☐ Yes	Arthritis	☐ No	☐ Yes
Cardiomyopathy	☐ No	☐ Yes	Sickle Cell Disease	☐ No	☐ Yes	Heat Illness	☐ No	☐ Yes
Heart Valve Disease	☐ No	☐ Yes	Sickle Cell Trait	☐ No	☐ Yes	Broken Bones	☐ No	☐ Yes
Heart Murmur	☐ No	☐ Yes	Easy Bleeding	☐ No	☐ Yes	Dislocated Joints	☐ No	☐ Yes
Endocarditis	☐ No	☐ Yes	**If female athlete, list date of last menstrual period:**_____					

Describe any past broken bones or dislocated joints *(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)

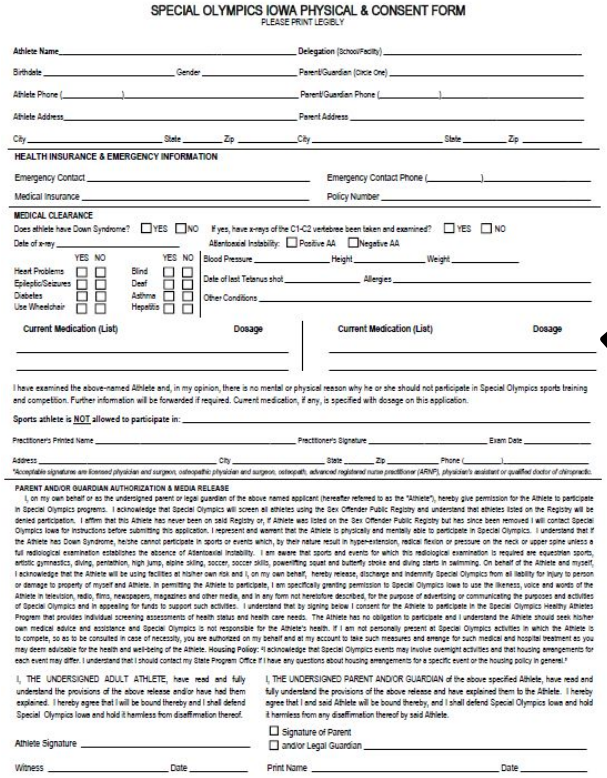
Medication, Vitamin or Supplement Name	*Dosage*	*Times per Day*	*Medication, Vitamin or Supplement Name*	*Dosage*	*Times per Day*	*Medication, Vitamin or Supplement Name*	*Dosage*	*Times per Day*

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 (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 x-rays 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
Heart Problems	☐	☐	Blind	☐	☐
Epileptic/Seizures	☐	☐	Deaf	☐	☐
Diabetes	☐	☐	Asthma	☐	☐
Use Wheelchair	☐	☐	Hepatitis	☐	☐

Blood Pressure _____ Height _____ Weight _____

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.*

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, radical 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 disaffirmation thereof.

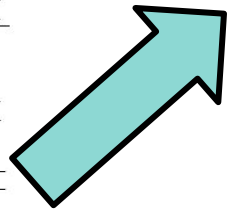
Athlete Signature _____

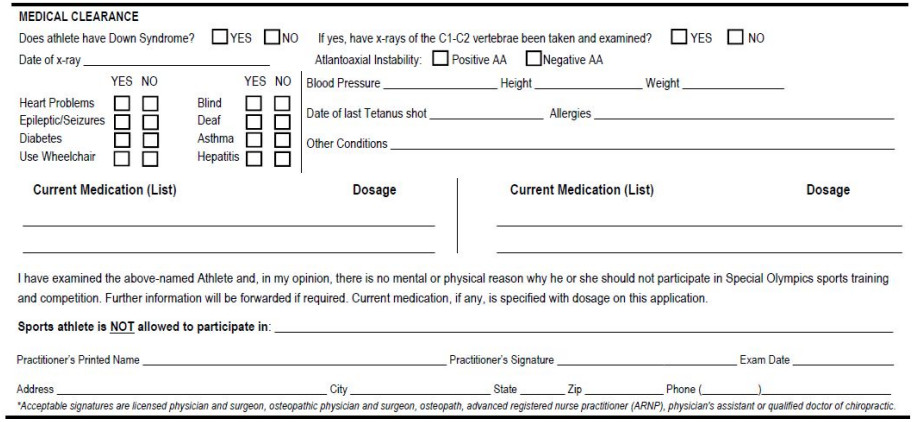
Witness _____ Date _____

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 disaffirmation thereof by said Athlete.

☐ Signature of Parent
☐ 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

	YES	NO		YES	NO
Heart Problems	☐	☐	Blind	☐	☐
Epileptic/Seizures	☐	☐	Deaf	☐	☐
Diabetes	☐	☐	Asthma	☐	☐
Use Wheelchair	☐	☐	Hepatitis	☐	☐

Blood Pressure _____ Height _____ Weight _____

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: _____

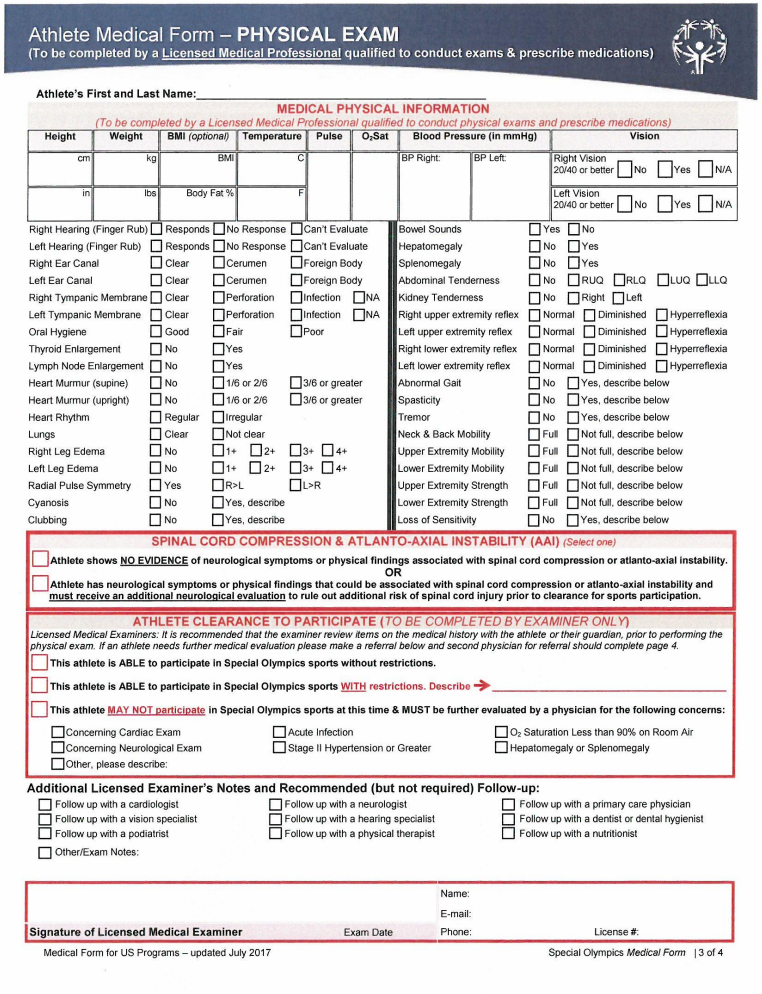
Practitioner's Printed Name _____ Practitioner's Signature _____ Exam Date _____

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_2Sat	Blood Pressure (in mmHg)		Vision
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better ☐ No ☐ Yes ☐ N/A
in	lbs	Body Fat %	F					Left Vision 20/40 or better ☐ No ☐ Yes ☐ 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 ☐ O_2 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:

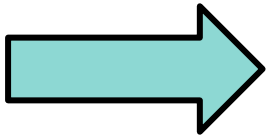
☐ Follow up with a cardiologist ☐ Follow up with a neurologist ☐ Follow up with a primary care physician
☐ Follow up with a vision specialist ☐ Follow up with a hearing specialist ☐ Follow up with a dentist or dental hygienist
☐ Follow up with a podiatrist ☐ Follow up with a physical therapist ☐ Follow up with a nutritionist

☐ Other/Exam Notes:

Name:
E-mail:
Signature of Licensed Medical Examiner Exam Date 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)

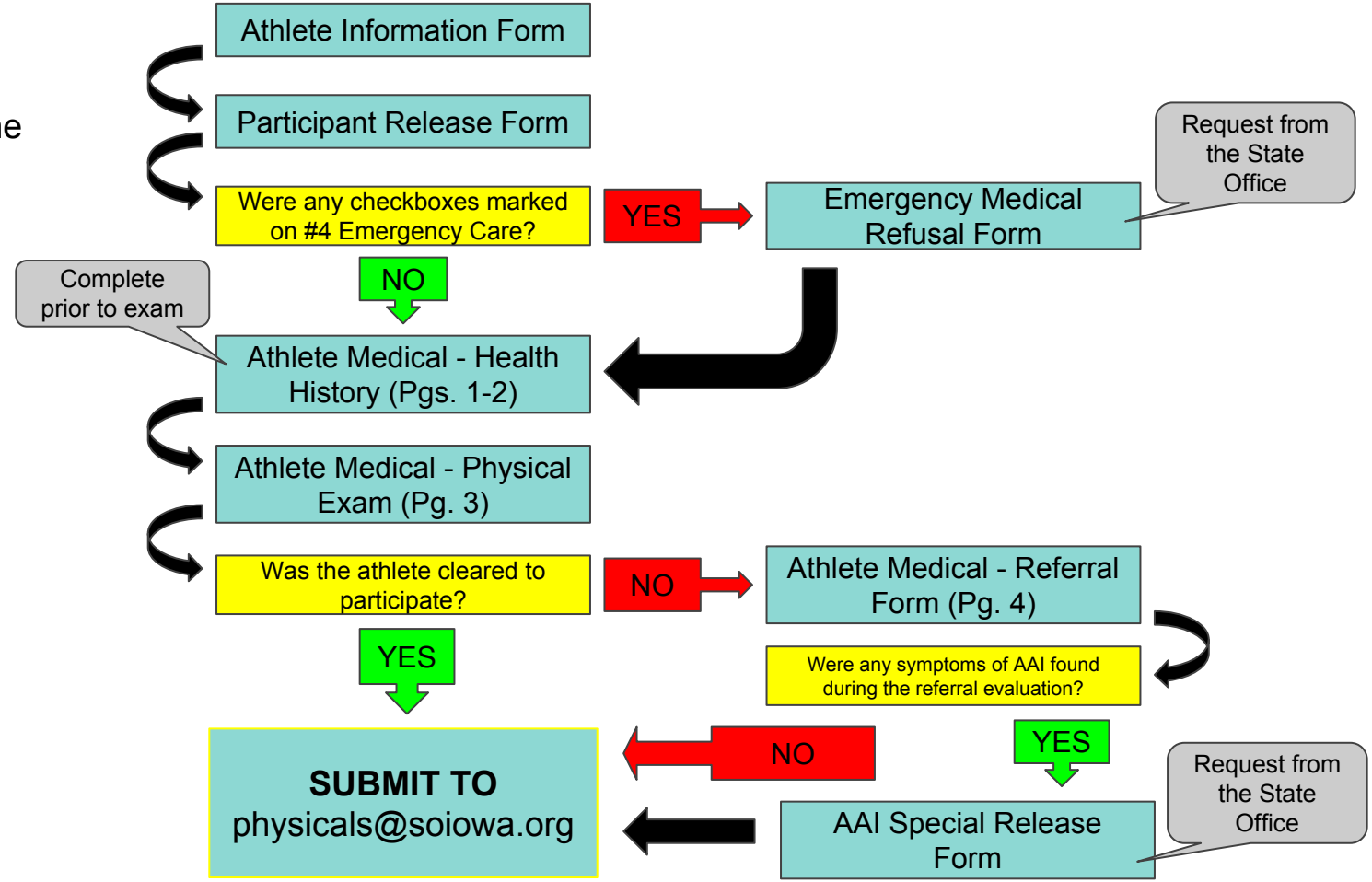
If Necessary

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

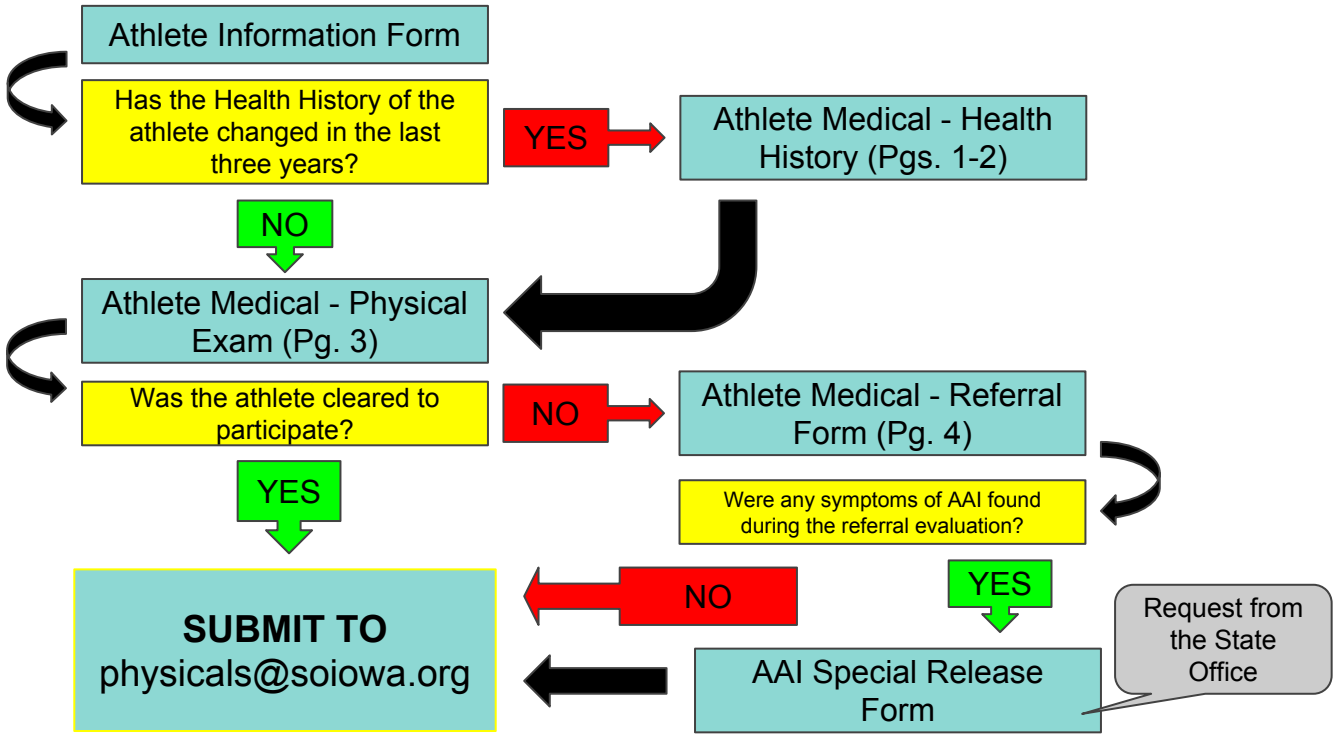
Required

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 the state office at **info@soiowa.org**.