Athlete Medical Form

Special Olympics

To be completed by a Licensed Medical Practitioner qualified to conduct physical exams and prescribe medications. If necessary, please use additional pages to list anything else Special Olympics should know about this athlete.

Athlete first and last name: _____ Date of birth (dd/mm/yyyy): ____/____/_____

Height (in/cm)	Weight (lb/kg)	Waist Circumference (in/cm)	Temperature (°F/°C)	Pulse (bpm)	O2Sat (%)	Blood Pressure (mmHG)		Vision (out of 20)	
						systolic	diastolic	os	od

Does the athlete present with any of the following?							
High Blood Pressure	○ Yes	○ No		Coeliac Disease	○ Yes	○ No	○ Unknown
Kidney Disease	○ Yes	○ No	○ Unknown	Osteoporosis	○ Yes	○ No	○ Unknown
Anemia	○ Yes	○ No	○ Unknown	Non-verbal	○ Yes	○ No	

Has any family member or relative died of heart problems or of sudden death before age 50?	○ Yes	○ No	
Was the athlete born without or missing a kidney, an eye, a testicle, or any other organ?	○ Yes	○ No	

Does the athlete have any past surgeries?	○ Yes	○ No	○ Unknown
Did the athlete ever have an abnormal Electrocardiogram (EKG) or Echocardiogram (ECHO)?	○ Yes	○ No	○ Unknown
Did the athlete ever have any broken bones or dislocated joints?	○ Yes	○ No	○ Unknown
Does the athlete have liver disease?	○ Yes	○ No	○ Unknown
Does the athlete have lung disease?	○ Yes	○ No	○ Unknown
Does the athlete have heart disease?	○ Yes	○ No	○ Unknown

Medical		
Eyes, ears, nose, and throat: include pupils, hearing	○ Normal	○ Abnormal
Heart: Include murmurs (auscultation standing, auscultation supine, and ± valsalva maneuver)	○ Normal	○ Abnormal
Lungs	○ Normal	○ Abnormal
Abdomen	○ Normal	○ Abnormal
Skin: HSV, MRSA, or tinea corporis	○ Normal	○ Abnormal
Neurological	○ Normal	○ Abnormal

Musculoskeletal					
Neck	○ Normal	○ Abnormal	Hip and thigh	○ Normal	○ Abnormal
Back	○ Normal	○ Abnormal	Knee	○ Normal	○ Abnormal
Shoulder and arm	○ Normal	○ Abnormal	Lower leg and ankle	○ Normal	○ Abnormal
Elbow and forearm	○ Normal	○ Abnormal	Foot and toes	○ Normal	○ Abnormal
Wrist, hand, and fingers	○ Normal	○ Abnormal			

Additional findings for any of the above conditions:

Medical Physical Examination - *To be completed by practitioner only.*

MEDICAL ELIGIBILITY FOR SPORT *(TO BE COMPLETED BY PRACTITIONER ONLY)*

Licensed Medical Practitioner: It is recommended that the practitioner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If further medical evaluation is warranted, the practitioner must refer the athlete to a specialist and reassess the results from this examination to determine eligibility for participation.

- ○ Medically eligible for all sports or for sports listed: _____ without restriction.
- ○ Medically eligible for all sports or for sports listed: _____

  with recommendations for further evaluation or treatment of: _____
- ○ Not medically eligible pending further evaluation of: _____
- ○ Not medically eligible to participate in the following sports: _____
- ○ Not medically eligible for any sports

I have examined the athlete named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of licensed medical practitioner (print or type): _____ Date (dd/mm/yyyy):___/___/_____

Address: _____ Phone: _____

Signature of licensed medical practitioner: _____

NPI or License number: _____ License type (MD, DO, NP, or PA): _____