Special Olympics FUNfitness

FUNfitness Report

Special Olympics Health
MADE POSSIBLE BY Golisano FOUNDATION

Athlete's Name: **Date:**

Follow-up Recommended?

□ **Yes:** See below

□ **No:** No concerns were identified during today's FUNfitness screening. No additional follow-up is recommended.

Education/Resources provided:

Today, you learned and/or were given items to help you continue having FUN with your fitness journey, including:

□ Exercise Bands □ Stretching Straps □ Fitness Manuals (e.g., Fit 5, HIGH 5 for Fitness, etc.)

□ Other: _____

□ Additional Education: _____

Referral Information

Program/Provider Type (Select all appropriate)	**Referral Type** (Select one)
□ Fitness programming	O **Routine Follow-Up:** Continue with your current physiotherapist O **Non-Urgent:** Follow up with the local SO Program to explore options for dedicated fitness programming outside of sport-specific practices: *Areas for improvement:* □ Currently exercising less than 3 days/week □ Flexibility □ Strength □ Balance □ Aerobic Fitness □ Other: _____
□ Physiotherapist	O **Routine Follow Up:** Continue with your current physiotherapist O **Non-Urgent:** Follow up within 4 weeks *Reason for referral:* □ Flexibility □ Strength □ Balance □ Other: _____
□ Primary Care Provider	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason for referral:* _____
□ Other: _____	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason for referral:* _____