<table>
<thead>
<tr>
<th>Firstname</th>
<th>Lastname</th>
<th>HAS ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>O Male</th>
<th>O Female</th>
<th>DoB</th>
<th>Age (years)</th>
<th>O Not sure</th>
<th>Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event</td>
<td>Location</td>
<td>O Athlete O Unified partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delegation</td>
<td>SO Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell phone number</td>
<td>Number is O Athlete’s O Parent’s / Guardian’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Providing a phone number is optional. It will be used to send a text reminder if any follow up is recommended after screening.

<table>
<thead>
<tr>
<th>Uses Wheelchair</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses Assistive Device</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td>Wears Splint or Brace</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td>Hand-Wrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/Ankle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Altitude (m) check one</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 0 to 1,500</td>
</tr>
<tr>
<td>O 1,501 to 3000</td>
</tr>
<tr>
<td>O &gt; 3,000</td>
</tr>
</tbody>
</table>

Any diseases or injuries that may affect screening results? | O No diseases or injuries |

- Problems with breathing or lungs
- Problems with heart
- Problems with circulation
- Skin problems
- Fever, infection, or illness
- Pain:
  - lower extremity
  - upper extremity
  - back
  - neck
  - head
- Sprain:
  - foot or ankle
  - knee
  - hip
  - hand or wrist
  - elbow
  - shoulder
  - back
  - neck
- Strain:
  - foot
  - leg
  - back or pelvis
  - hand
  - arm
  - shoulder or scapula
  - neck

Have you fallen in your home in the past year? | O Yes | O No |

### FLEXIBILITY

**Do you stretch routinely?**
- O Several times each day
- O Once each day
- O Occasionally, but not every day
- O No regular stretching

Note Positive (+) or Negative (-) degrees

**HAMSTRING - supine (passive) knee extension**

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>degrees</td>
<td>degrees</td>
</tr>
</tbody>
</table>

- Unable to test because athlete:
  - O Refused to perform
  - O Unable to perform
  - O Unable to understand

- Education
  - Between -90 and -16° or asymmetry

**Calf - supine (passive) ankle dorsiflexion**

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>degrees</td>
<td>degrees</td>
</tr>
</tbody>
</table>

- Unable to test because athlete:
  - O Refused to perform
  - O Unable to perform
  - O Unable to understand

- Education
  - Less than 5° or asymmetry

**Anterior Hip - Modified Thomas Test**

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>degrees</td>
<td>degrees</td>
</tr>
</tbody>
</table>

- Unable to test because athlete:
  - O Refused to perform
  - O Unable to perform
  - O Unable to understand

- Education
  - Between -90 and -11° or asymmetry

**Shoulder - Apley’s Test (Functional Shoulder Rotation)**

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>cm.</td>
<td>cm.</td>
</tr>
</tbody>
</table>

- Unable to test because athlete:
  - O Refused to perform
  - O Unable to perform
  - O Unable to understand

- Education
  - Between -90 and -16 cm,
  - Between fingertips or,
  - Asymmetry

### STRENGTH

On average, how many days a week do you do physical activities for muscle strength? (Physical activities for muscle strength include lifting weights, using elastic bands, push-ups or sit-ups)
- O No days
- O 1 day
- O 2 days
- O 3 days
- O 4 days
- O 5 days
- O 6 days
- O Every day

How much of this strength activity is related to Special Olympics training, practice, or competition?
- O None
- O Some
- O Most
- O All

- Could not elicit response:
  - O Refused to respond
  - O Unable to respond
  - O Unable to understand

2020 FUNfitness Page 2 of 2
**FIRST NAME**

**LAST NAME**

**HAS ID**

---

**LEG MUSCLES - Timed Sit-to-Stand Test** (Functional Leg Strength)

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time seconds

---

**ABDOMINAL MUSCLES - Partial Sit-up Test**

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time in 1 minute

---

**FOREARM AND HAND MUSCLES - Grip Test**

DOMINANT HAND:
  O Left O Right

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time seconds

---

**BALANCE**

**Tandem or Modified Tandem Stance**

□ Left foot forward _____ seconds

□ Right foot forward _____ seconds

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time < 20 seconds

---

**Single Leg Stance – Eyes Open**

□ Left _____ seconds

□ Right _____ seconds

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time < 20 seconds

---

**Single Leg Stance – Eyes Closed**

□ Left _____ seconds

□ Right _____ seconds

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time < 10 seconds

---

**Timed Up and Go (TUG)**

□ Time to perform test _____ seconds

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Time > 12 seconds

---

**Seated Forward Functional Reach**

□ Left _____ cm.

□ Right _____ cm.

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Reach < 20 cm.

---

**Seated Lateral Functional Reach**

□ Left _____ cm.

□ Right _____ cm.

□ Unable to test because athlete:
  O Refused to perform O Unable to perform O Unable to understand

□ Education

□ Reach < 16 cm.

---

**AEROBIC FITNESS**

On average, how many days a week do you do some physical activity?

□ No days

□ 1 day

□ 2 days

□ 3 days

□ 4 days

□ 5 days

□ 6 days

□ Every day

On average, how many days a week is your physical activity at a moderate level?

(Moderate means working hard enough to make your heart beat faster and possibly begin to sweat. Examples: fast walk, swimming, bicycling)

□ No days

□ 1 day

□ 2 days

□ 3 days

□ 4 days

□ 5 days

□ 6 days

□ Every day

How much of this moderate physical activity is related to Special Olympics?

□ None

□ Some

□ Most

□ All

□ Could not elicit response:
  O Refused to respond
  O Unable to respond

If you have no regular activity program, please tell us why:

□ No available exercise facilities

□ No transportation

□ No interest

□ No fitness person to help me

□ Physically unable

□ No one to exercise with

□ No money

□ Not safe

□ No equipment or clothes
<table>
<thead>
<tr>
<th>How is HR being Measured</th>
<th>□ Manual (Pulse)</th>
<th>□ MIO Heart rate monitor</th>
<th>□ Pulse Oximeter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Rate (beats/min):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Exercise HR</td>
<td></td>
<td>End Exercise HR</td>
<td>2-Minutes After HR</td>
</tr>
<tr>
<td>O2 Saturation (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O2 Sat</td>
<td></td>
<td>O2 Sat</td>
<td>O2 Sat</td>
</tr>
<tr>
<td>O Two Minute Step Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Five-Minute Wheel Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance</td>
<td>Meters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Unable to test because athlete:</td>
<td>O Refused to perform</td>
<td>O Unable to perform</td>
<td>O Unable to understand</td>
</tr>
<tr>
<td>□ Education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL THERAPIST REFERRAL RECOMMENDED**

- □ Yes
- □ No

**PRIMARY CARE PHYSICIAN REFERRAL RECOMMENDED**

- □ Yes
- □ No

**URGENT CARE NEEDED**

- □ Yes
- □ No

**REASONS FOR RECOMMENDATION: (brief outline of medical issue identified)**