Firstname	**Lastname**	**HAS ID** ____ ____ _____ ____ ____

Date	**O Male O Female**	**DOB**	**Age (yrs) O Not sure**
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone number		**Number is O Athlete's O Parent's / Guardian 's**	
Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening.			

Uses Wheelchair O Yes O No

Uses Assistive Device (walker, cane, crutches) O Yes O No

Wears splint or brace O Yes O No
☐ Hand-Wrist ☐ Elbow ☐ Shoulder
☐ Knee ☐ Hip ☐ Back ☐ Foot/Ankle

Altitude (m) - check one
O 0 to 1,500
O 1,501 to 3000
O >3,000

Special Olympics **FUNfitness**

Any diseases or injuries that may affect screening results?

☐ Problems with breathing or lungs ☐ Problems with heart ☐ Problems with circulation
☐ Skin problems ☐ Fever, illness or infection

☐ **Pain:**	☐ lower extremity	☐ upper extremity	☐ back	☐ neck	☐ head			
☐ **Joint Injury:**	☐ foot or ankle	☐ knee	☐ hip	☐ hand or wrist	☐ elbow	☐ shoulder	☐ back	☐ neck
☐ **Muscle Injury:**	☐ 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

Do you stretch routinely?
O Several times each day
O Once each day
O Occasionally, but not every day
O No regular stretching
O Could not elicit response

FLEXIBILITY

Note Positive (+) or Negative (-) degrees

HAMSTRING - supine (passive) knee extension	
Left ____ **degrees** **Right** ____ **degrees**	
☐ **Unable or refused to perform test**	☐ **Education** **Between -16 and -90º or asymmetry**
CALF - supine (passive) ankle dorsiflexion	
Left ____ **degrees** **Right** ____ **degrees**	
☐ **Unable or refused to perform test**	☐ **Education** **Less than +5º or asymmetry**
ANTERIOR HIP - Modified Thomas Test	
Left ____ **degrees** **Right** ____ **degrees**	
☐ **Unable or refused to perform test**	☐ **Education** **Between -11 and -90º or asymmetry**

Note Positive (+) or Negative (-) cm.

SHOULDER - Apley's Test (Functional Shoulder Rotation)	
Left _____ cm.	**Right** _____ cm.
☐ **Unable or refused to perform test**	☐ **Education** **Between -16 and -90 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 situps)

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 ONLY related to Special Olympics training, practice, or competition, and not done as part of daily life?
O None O Some O Most O All O Could not elicit response

Firstname	Lastname	HAS ID _____ _____ _____ _____ _____

LEG MUSCLES - Times Stand Test (Functional Leg Strength) **Time** _____ seconds	
☐ **Unable or refused to perform test**	☐ **Education if time > 20 seconds**
ABDOMINAL MUSCLES - Partial Sit-up Test Number_____	
☐ **Unable or refused to perform test**	☐ **Education if number < 25 in 1 minute**
FOREARM AND HAND MUSCLES - Grip Test **Dominant Hand:** **O Left O Right**	
LEFT Trial 1. _____kg. 2. _____kg. 3. _____kg.	**RIGHT** Trial 1. _____kg. 2. _____kg. 3. _____kg.
☐ **Unable or refused to perform test**	☐ **Education see reference sheet**
UPPER EXTREMITY MUSCLES - Seated Push-up Test (Functional Strength) Push-up ____ seconds	
☐ **Unable or refused to perform test**	☐ **Education if hold < 5 seconds**

BALANCE

EYES OPEN **Single Leg Stance** **Left**_____ seconds	**Right** _____ seconds
☐ **Unable or refused to perform test**	☐ **Education if stance < 20 seconds**
EYES CLOSED OR COVERED **Single Leg Stance** **Left**_____ seconds	**Right** _____ seconds
☐ **Unable or refused to perform test**	☐ **Education if stance < 10 seconds**
FUNCTIONAL REACH **Left:** _____ cm	**Right** _____ cm
☐ **Unable or refused to perform test**	☐ **Education if reach < 20 cm**

AEROBIC FITNESS

On AVERAGE, how many days each week do you do some physical activity?
O No days O 1 day O 2 days O 3 days O 4 days O 5 days O 6 days O 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
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 the moderate physical activity is ONLY related to Special Olympics, and not done as a part of daily life?
O None O Some O Most O All O Could not elicit response

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

☐ No available exercise facilities	☐ No transportation	☐ No money
☐ No interest	☐ No fitness person to help me	☐ Not safe
☐ Physically unable	☐ No one to exercise with	☐ No equipment or clothes

How is HR being Measured ☐ Manual (Pulse) ☐ MIO Heart rate monitor ☐ Pulse Oximeter

Heart Rate (beats/min):	Pre-Exercise HR _____	End Exercise HR _____	2 Minutes after: HR _____
O_2 Saturation (%)	**O_2 Sat** _____	**O_2 Sat** _____	end of test **O_2 Sat** _____

O Two Minute Step Test Number of Steps _____

O Five-Minute Wheel Test Distance _____ Meters

☐ **Unable or refused to perform test**	☐ **Education**

PHYSICAL THERAPIST REFERRAL RECOMMENDED O Yes O No

REASONS FOR RECOMMENDATION ☐ Flexibility ☐ Strength ☐ Balance ☐ Aerobic Fitness

PRIMARY CARE PRACTITIONER REFERRAL RECOMMENDED
O Yes O No

URGENT CARE NEEDED
0 Yes 0 No

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