<table>
<thead>
<tr>
<th>Firstname</th>
<th>Lastname</th>
<th>HAS ID _____ _____ _____ _____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>O Male</th>
<th>O Female</th>
<th>DOB</th>
<th>O Athlete</th>
<th>O Unified partner</th>
<th>Age (yrs)</th>
<th>O Not sure</th>
<th>Event</th>
<th>Location</th>
<th>O Athlete’s</th>
<th>O Parent’s / Guardian’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delegation</th>
<th>SO Program</th>
<th>Cell phone number</th>
<th>Number is O Athlete’s</th>
<th>O Parent’s / Guardian’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening.

<table>
<thead>
<tr>
<th>Uses Wheelchair</th>
<th>O Yes</th>
<th>O No</th>
<th>Altitude (m) - check one</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 to 1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,501 to 3000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;3,000</td>
</tr>
</tbody>
</table>

| 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

Any diseases or injuries that may affect screening results?

- Problems with breathing or lungs
- Problems with heart
- Problems with circulation
- Fever, illness or infection

<table>
<thead>
<tr>
<th>Pain:</th>
<th>O lower extremity</th>
<th>O upper extremity</th>
<th>O back</th>
<th>O neck</th>
<th>O head</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Joint Injury:</th>
<th>O foot or ankle</th>
<th>O knee</th>
<th>O hip</th>
<th>O hand or wrist</th>
<th>O elbow</th>
<th>O shoulder</th>
<th>O back</th>
<th>O neck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Muscle Injury:</th>
<th>O foot</th>
<th>O leg</th>
<th>O back or pelvis</th>
<th>O hand</th>
<th>O arm</th>
<th>O shoulder or scapula</th>
<th>O neck</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>HAMSTRING - supine (passive) knee extension</th>
<th>O Education</th>
<th>Between -16 and -90° or asymmetry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left _____ degrees</td>
<td>Right _____ degrees</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALF - supine (passive) ankle dorsiflexion</th>
<th>O Education</th>
<th>Less than +5° or asymmetry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left _____ degrees</td>
<td>Right _____ degrees</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTERIOR HIP - Modified Thomas Test</th>
<th>O Education</th>
<th>Between -11 and -90° or asymmetry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left _____ degrees</td>
<td>Right _____ degrees</td>
<td></td>
</tr>
</tbody>
</table>

**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

2015 | FUNFitness | Page 1 of 2 |
| 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: [ ] Left  [ ] Right
- LEFT: Trial 1. _____ kg.  2. _____ kg.  3. _____ kg.
- RIGHT: Trial 1. _____ kg.  2. _____ kg.  3. _____ kg.
- [ ] Unable or refused to perform test
- [ ] Education if time > 20 seconds
- [ ] 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?

- [ ] No days
- [ ] 0 1 day
- [ ] 0 2 days
- [ ] 0 3 days
- [ ] 0 4 days
- [ ] 0 5 days
- [ ] 0 6 days
- [ ] 0 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.

- [ ] No days
- [ ] 0 1 day
- [ ] 0 2 days
- [ ] 0 3 days
- [ ] 0 4 days
- [ ] 0 5 days
- [ ] 0 6 days
- [ ] 0 Every day

How much of the moderate physical activity is ONLY related to Special Olympics, and not done as a part of daily life?

- [ ] None
- [ ] Some
- [ ] Most
- [ ] All
- [ ] Could not elicit response

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

- [ ] No available exercise facilities
- [ ] No transportation
- [ ] No fitness person to help me
- [ ] No money
- [ ] Not safe
- [ ] 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):**

<table>
<thead>
<tr>
<th>O2 Saturation (%)</th>
<th>Pre-Exercise HR ________</th>
<th>End Exercise HR ________</th>
<th>2 Minutes after: HR ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>O2 Sat ________</td>
<td>O2 Sat ________</td>
<td>end of test</td>
<td>O2 Sat ________</td>
</tr>
</tbody>
</table>

**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**

- [ ] Yes  [ ] No

**REASONS FOR RECOMMENDATION**

- [ ] Flexibility
- [ ] Strength
- [ ] Balance
- [ ] Aerobic Fitness

**PRIMARY CARE PRACTITIONER REFERRAL RECOMMENDED**

- [ ] Yes  [ ] No

**URGENT CARE NEEDED**

- [ ] Yes  [ ] No

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