Athlete Medical Form

**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): / /

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

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| **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 |

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| --- | --- | --- | --- |
| 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 |

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| **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 |

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| **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.*

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): Address: Signature of licensed medical practitioner:

NPI or License number:

Date (dd/mm/yyyy): / /

Phone:

License type (MD, DO, NP, or PA):

*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

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