



# ATHLETE REGISTRATION AND RENEWAL FORMS

## MANAGING GENERAL HEALTH QUESTIONS



### LEVEL 1 FLAG - REQUIRES PHYSICIAN REVIEW

#### Criteria:

- **"Yes"** response for a concussion occurring within one calendar month prior to form completion, and/or
- **"Yes"** response indicating a doctor's recommendation to limit participation unless proof of past medical clearance can be provided

#### Action:

A physician or person licensed to undertake a physical examination must confirm the suitability of the athlete to participate in Special Olympics sports.



### LEVEL 2 FLAG - REQUIRES ACTION PLAN

#### Criteria:

**"Yes"** response for any of the following health conditions:

- Heart condition
- Asthma
- Diabetes requiring insulin
- Epilepsy/Seizure disorder
- Sickle Cell
- Bleeding disorder
- Allergy requiring an EpiPen
- Behavioral health or Sensory disorder
- Vision or hearing impairment

#### Action:

Coach must consult the athlete and their family/caregiver, develop an up-to-date action plan and ensure all coaches working with the athlete are aware of the plan and how to access it. You can access the action plan template [here](#) under the guidance tab.

If you have any questions, please contact Kelly Sheehy, Director of Regional Operations, Special Olympics North America at [ksheehy@specialolympics.org](mailto:ksheehy@specialolympics.org)