

Athlete Medical Form

Special Olympics



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): ____/____/____

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

Does the athlete present with any of the following?							
High Blood Pressure	<input type="radio"/> Yes	<input type="radio"/> No		Coeliac Disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Kidney Disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	Osteoporosis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Anemia	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	Non-verbal	<input type="radio"/> Yes	<input type="radio"/> No	

Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="radio"/> Yes	<input type="radio"/> No
Was the athlete born without or missing a kidney, an eye, a testicle, or any other organ?	<input type="radio"/> Yes	<input type="radio"/> No

Does the athlete have any past surgeries?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Did the athlete ever have an abnormal Electrocardiogram (EKG) or Echocardiogram (ECHO)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Did the athlete ever have any broken bones or dislocated joints?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Does the athlete have liver disease?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Does the athlete have lung disease?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Does the athlete have heart disease?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

Medical	
Eyes, ears, nose, and throat: include pupils, hearing	<input type="radio"/> Normal <input type="radio"/> Abnormal
Heart: Include murmurs (auscultation standing, auscultation supine, and ± valsalva maneuver)	<input type="radio"/> Normal <input type="radio"/> Abnormal
Lungs	<input type="radio"/> Normal <input type="radio"/> Abnormal
Abdomen	<input type="radio"/> Normal <input type="radio"/> Abnormal
Skin: HSV, MRSA, or tinea corporis	<input type="radio"/> Normal <input type="radio"/> Abnormal
Neurological	<input type="radio"/> Normal <input type="radio"/> Abnormal

Musculoskeletal			
Neck	<input type="radio"/> Normal <input type="radio"/> Abnormal	Hip and thigh	<input type="radio"/> Normal <input type="radio"/> Abnormal
Back	<input type="radio"/> Normal <input type="radio"/> Abnormal	Knee	<input type="radio"/> Normal <input type="radio"/> Abnormal
Shoulder and arm	<input type="radio"/> Normal <input type="radio"/> Abnormal	Lower leg and ankle	<input type="radio"/> Normal <input type="radio"/> Abnormal
Elbow and forearm	<input type="radio"/> Normal <input type="radio"/> Abnormal	Foot and toes	<input type="radio"/> Normal <input type="radio"/> Abnormal
Wrist, hand, and fingers	<input type="radio"/> Normal <input type="radio"/> Abnormal		

Additional findings for any of the above conditions:

Medical Physical Examination - To be completed by practitioner only.

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

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

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): _____ Date (dd/mm/yyyy): ____/____/____
Address: _____ Phone: _____
Signature of licensed medical practitioner: _____
NPI or License number: _____ License type (MD, DO, NP, or PA): _____