

Athlete Medical Form

Special Olympics



To be completed by the athlete or parent/guardian/caregiver and brought to exam.

First name: _____ Last name: _____ Preferred name: _____

Date of birth (mm/dd/yyyy): ____/____/____ Gender: Female Male Other

Email: _____ Phone number: _____ Mobile Landline

Postal address: _____ Country: _____

Emergency Contact -

First name: _____ Last name: _____ Phone number: _____ Mobile Landline

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

Qualifying and Associated Conditions - Check all that apply:

Associated Conditions	Autism	Cerebral Palsy	Down Syndrome	Epilepsy	Fragile X Syndrome
	Fetal Alcohol Syndrome		Spina Bifida	Marfan Syndrome	Other None
Please specify other known intellectual disability diagnoses					

Assistive Devices and Accommodations - Do you use any of the following? (Check all that apply):

Mobility	Walker	Braces or crutches	Wheelchair	Prosthetics	Removable orthotics	None
Lifestyle Aids	CPAP	Colostomy	Dentures	Inhaler	Glasses, contact lenses, or protective eyewear	
	None					
Communications	Hearing aid	Communication devices	Sign language	None		
Medical Devices	Implantable cardioverter defibrillator (ICD)		Implantable device for seizure management			
	VP shunt	Spinal cord stimulator	Pacemaker	None		

List specific dietary requirements	
Other assistive devices and accommodations	

General Health Questions - Have you ever been diagnosed with or experienced any of the following?

High blood pressure	Yes	No	Heat illness	Yes	No
Cardiac condition	Yes	No	Coeliac disease	Yes	No
Diabetes	Yes	No	Enlarged spleen	Yes	No
Kidney disease	Yes	No	Hearing impairment	Yes	No
Bleeding disorder	Yes	No	Visual impairment	Yes	No
Anemia	Yes	No	Osteoporosis	Yes	No
Asthma	Yes	No	Non-verbal	Yes	No
Have you ever had a head injury or concussion?				Yes	No
Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?				Yes	No
Has any family member or relative died of heart problems or of sudden death before age 50?				Yes	No
Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?				Yes	No
Have you had COVID-19?				Yes	No
Have you been immunized for COVID-19?				Yes	No

Do you have an allergy to any of the following?	Dust	Food	Insects	Animals	Plants	Grasses
	Pollen	Drugs or medicine		Latex	Other	None
Please specify allergies						

Have you had any surgeries?	Yes	No	If yes, please list all:
Did you ever have an abnormal Electrocardiogram (EKG) or Echocardiogram (ECHO)?	Yes	No	If yes, please specify:
Has a doctor ever limited your participation in sports?	Yes	No	If yes, please specify:
Do you have epilepsy or any type of seizure disorder?	Yes	No	If yes, please specify:
Have you had any broken bones or dislocated joints?	Yes	No	If yes, please specify:
Do you have liver disease?	Yes	No	If yes, please specify:
Do you have lung disease?	Yes	No	If yes, please specify:
Do you have heart disease?	Yes	No	If yes, please specify:
Do you have behavioral, mental health, and/or sensory conditions?	Yes	No	If yes, please specify:

Medication and Treatment - Please list:

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins, allergy shots or pills, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind. etc.) Please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day	Medication, Vitamin, or Supplement Name	Dosage	Times per day
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Eligibility to participate

Every person with an intellectual disability who is at least eight years of age is eligible to participate in Special Olympics. A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements: (1) The person has been identified by an agency or professional as having an intellectual disability as determined by their localities; or (2) The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in that Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay; or (3) The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Special Olympics.

Today's date (mm/dd/yyyy): ____/____/____

Signature of person completing the form: _____

Is this form being completed by someone other than the athlete? Yes No

If form is being completed by someone other than the athlete, please select the relationship to athlete.

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other