

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	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

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

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

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.

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): _____