



Special Olympics Medical Form Instructions

The Special Olympics C1 Medical Form is divided into two sections. Section C1-A (the first two pages) asks for information about the athlete's medical history. This section must be completed and signed prior to the athlete seeing a physician for a pre-participation sports physical and should be filled out by the person (or people) who can give the most complete and accurate account of the athlete's medical history. Section C1-B (the last two pages) should be completed and signed by a physician or other licensed healthcare personnel such as nurse practitioners or physician assistants. It is required that all athletes new to the Special Olympics complete a C1 medical form prior to participation. Furthermore it is recommended that all Special Olympics athletes update their C1 form completely every three years, if not more frequently.

C1-A Instructions (To be Completed by Special Olympics)

- 1) **Administrative Information** – The top of the C1-A form should be completed by a Special Olympics staff member. The staff member should specify both the athlete's region and delegation. Additionally, the classification of sports physical should be specified:
 - a. If the athlete is participating in a MedFest event, meaning that a trained MedFest Clinical Director is overseeing the event, then only check the "MedFest" box.
 - b. If the athlete is getting a physical performed by physician in a non-MedFest environment (either at a group physical event or by a physician at a private office or clinic), then only check the "Individual Physical" box.
 - c. If the athlete is under the age of eight, also check the "Healthy Young Athletes" box, in addition to the "MedFest" or the "Individual Physical" box.
 - d. If the athlete is a Unified Partner, also check the "Unified Partner" box, in addition to the "MedFest" or the "Individual Physical" box. It is recommended (though not required at this time) that Unified Partners receive a medical physical prior to sports participation.

C1-A Instructions (To be Completed by the Athlete, Parent or Guardian)

- 2) **Athlete Information** – List the athlete's name, date of birth, gender, home address, contact phone numbers, email address, eye color, and legal guardianship status.
- 3) **Parent/Guardian Information** – If the athlete is not his or her own guardian, please list the name, phone numbers and email address of the person who makes legal and medical decisions for the athlete. Specify if that person is the athlete's parent or legal guardian.
- 4) **Physician Information** – List the name, phone number and address of the athlete's primary care physician. This may be different from the name of the physician perform the pre-participation physical.
- 5) **Syndrome Information** – State if the athlete has autism, cerebral palsy, Down syndrome, Fragile X syndrome and/or Fetal Alcohol syndrome. If the athlete has any other syndrome or condition that caused the athlete's intellectual disability, please list it in the box marked "other syndrome".
- 6) **Sports** – List any sports that the athlete is interested in playing.

- 7) **Allergies** – Specify any food, medication, insect or latex allergies that the athlete may have. If the athlete has no allergies, mark “No Known Allergies”.
- 8) **Assistive Devices** – Specify if the athlete uses any assistive devices such as: dentures, a brace, splint, pacemaker, communication device, removable prosthetic, glasses or contacts, G-tube or J-tube, colostomy bag, wheel chair, crutches or walker, hearing aid, implanted device or C-PAP machine.
- 9) **Surgical History** – List any past surgeries that the athlete has had and why the athlete had the surgery.
- 10) **Special Dietary Needs** – List any dietary needs that the athlete has, for example: gluten free diet, vegetarian, vegan, lactose free, peanut free, or any religious diet preferences.
- 11) **Medical History** – List all past or ongoing medical conditions for which the athlete required or currently requires treatment.
- 12) **Family History** – List any conditions that run in the athlete’s family. It is especially important to note any genetic, neurological or cardiac conditions.
- 13) **Religious Objections** – If the athlete finds himself or herself in a medical emergency, are there any medical treatments (such as blood transfusions) which should not be given to the athlete based on his or her religion? Please specify.
- 14) **Cardiac History** – Specify if the athlete has ever had a close relative (parent, grandparent, aunt, uncle, brother, sister or cousin) die from heart problems before the age of 40 or while they were exercising. Specify if the athlete has ever had an abnormal electrocardiogram (EKG, ECG) or echocardiogram (echo). If yes, please describe what cardiac abnormality was found.
- 15) **Active Infection** – If the athlete has ANY acute infection (including minor infections such as a cold or flu), or if the athlete has any chronic bacterial or viral infection, please describe the nature of the infection.
- 16) **Previous Limitations** – Note if any doctor has ever prohibited the athlete from participating in sports for any medical reason. If so, specify the reason.
- 17) **Tetanus Vaccine** – Specify if the athlete has had a tetanus (sometimes called a DTaP or DTP vaccine) within the past 7 years. If not, the athlete may be required to obtain a tetanus vaccine prior to participation.
- 18) **Specific Medical Conditions** – Check any or all medical conditions that the athlete currently has or has had in the past.
- 19) **Possible Neurological Symptoms** – Specify if the athlete has incontinence or any numbness, weakness, pain or discomfort, head tilt, spasticity or paralysis of any part of the body. If any of these symptoms are present, it is important to state whether any of these symptoms are new or have gotten worse within the past 3 years.
- 20) **Broken Bone or Dislocated Joints** – List any that the athlete has had in his or her life.
- 21) **Seizures** – Specify if the athlete has a seizure disorder and, if so, what kind of seizures (if known) and whether the athlete has had one or more seizures within the past year.
- 22) **Mental Health** – Note if the athlete has had any self-injurious or aggressive behaviors (such as hitting others) within the past year. Also note if the athlete has depression or anxiety. List any other mental health concerns such as AD/HD, schizophrenia, bipolar, psychosis, etc., that the athlete has currently

or has had in the past.

- 23) **Medications** – List all of the athlete’s current medications including: prescription drugs, over the counter medications, vitamins, herbal supplements, inhalers, birth control pills (or shots) or hormone therapy.
- 24) **Self-Administration** – Specify if the athlete is able to administer his or her medications reliably and consistently, without assistance or reminders.
- 25) **Menstrual History** – If the athlete is female, specify the date of the athlete’s last menstrual period. If the exact date is unknown specify approximately how long it has been since the athlete had her period.
- 26) **Signatures and Date** – If the athlete has a legal guardian (often a parent), then the legal guardian or parent must sign and date the medical form. If the athlete is his or her own legal guardian, then he or she must sign and date the medical form. Both signatures are encouraged though not required, as long as the legally responsible party has signed.

C1-B Instructions (To be Completed by Physician or Other Licensed Provider)

- 27) **Height** – Measured in centimeters or inches.
- 28) **Weight** – Measured in kilograms or pounds.
- 29) **Temperature** – Measured in centigrade or Fahrenheit. Increased temperature may indicate an acute infection that may place the athlete at risk during sports participation.
- 30) **Pulse** – Measured in beats per minute. Extraordinarily high or low pulse rates may be associated with medical issues that may place the athlete at additional risk during sports participation.
- 31) **O₂ Sat.** – Blood oxygen saturation percent, as measured by a pulse oximeter at room air. Decreased blood oxygenation may be an indication of significant cardiac or pulmonary abnormalities that may place the athlete at risk during sports participation.
- 32) **Blood Pressure** – Measured in mmHg. First, measure blood pressure in the right arm of a calm and rested athlete. If the blood pressure is hypertensive (greater than 140/90) then measure the blood pressure in the left arm to confirm. If the blood pressure in the right arm is normal, measuring the blood pressure in the left arm is not necessary. A difference between right and left blood pressures of more than 20 mmHg may indicate an aortic anomaly that may place the athlete at risk during sports participation. Significant hypertension (stage II hypertension in children or adults) may place the athlete at additional risk during sports participation.
- 33) **Vision** – Test the athlete’s ability to read the 20/40 line only on a distance vision chart (Lea chart is preferred) with each eye covered separately. If the athlete’s vision cannot be determined for a specific eye, mark “N/A”.
- 34) **Physical Exam** – The physical exam performed on the athlete should be thorough. The examiner should pay close attention to any signs or symptoms of cardiopulmonary or neurological conditions – especially new or changing neurological conditions. Documentation of the physical exam is absolutely necessary. Additional physical findings not described on the form may be noted in a subsequent section below. Note that in the MedFest environment, genitourinary, breast and rectal examinations are not performed, however these portions of the physical exam may be performed in an “individual exam” according to the preference of the examiner. *Examiner’s Tip: The first column of responses to the different parameters of the physical exam represent what would traditionally be called the “within normal*

limits" response. Drawing a straight line down this column on both sides signifies that the physical exam was completely normal and unremarkable.

- 35) **Spinal Cord Compression or Atlantoaxial Instability** – The medical history form asks a series of questions about possible neurological symptoms that could be associated spinal cord compression and/or atlantoaxial instability. The physical exam form asks the examiner to assess for signs of possible spinal cord compression and/or atlantoaxial instability. The presence of any signs or symptoms should be taken seriously, as the presence of spinal cord compression and/or atlantoaxial instability is associated with significant risk of spinal cord injury in the sports environment. Athletes who describe incontinence or any numbness, weakness, pain or discomfort, head tilt, spasticity or paralysis of any part of the body, especially if any of those symptoms are new or have worsened within the past 3 years may need additional neurological evaluation before they can be cleared to participate in any Special Olympics sports. Likewise, abnormal reflexes, gait, spasticity, tremors, changes in mobility, strength or sensitivity may also suggest that an athlete needs additional neurological evaluation. It should be noted that not all neurological signs and symptoms (such as those that are stable and long-standing) will require further neurological evaluation.

In this section, the examiner must specify if there are any signs or symptoms that could be associated with spinal cord compression and/or atlantoaxial instability. If so, the athlete may not be cleared for sports participation until they have been seen by a neurologist, neurosurgeon or other physician qualified to determine, definitively, if participation in sports activity, in the presence of the noted neurological signs and symptoms, will be safe for the athlete.

- 36) **Recommendations** – Specify if the athlete is able (medically safe) to participate in Special Olympics or not. Generally, clearance for sports is an all-or-none phenomenon. However, in some cases the physician may opt to clear the athlete for some sports or for all sports with some limitations. For example, an athlete who has had seizures within the past year may be cleared with the recommendation to not participate in certain higher risk sports for people with seizures, such as swimming, sailing, bicycling, downhill skiing, or equestrian events. Athletes with acute infections may be cleared to participate once the infection has been adequately treated.

If an athlete is not cleared for sports participation, a reason must be given. The most common reasons for not clearing an athlete for participation are noted (concerning cardiac exam, concerning neurological exam, acute infection, stage II hypertension or higher, oxygen saturations of less than 90%, hepatomegaly or splenomegaly). If the athlete is not cleared for another reason, please describe the reason in the open box provided.

- 37) **Additional Examiner Notes** – The examiner may write any other information the examiner wishes to provide including additional instructions, restrictions, limitations, examinations performed or not performed or other pertinent information.
- 38) **Referrals** – Whether or not the athlete is cleared for sports participation, the examiner may wish to refer the athlete to another medical professional for additional evaluation. The most common specialists to refer to (cardiologist, neurologist, primary care physician, vision specialist, hearing specialist, dentist or dental hygienist, podiatrist, physical therapist or nutritionist) are provided in this section. Other referrals may be handwritten in the "Other" box.
- 39) **Examiner's Signature and Information** – The physician or other licensed healthcare provider performing the exam and providing medical clearance for the athlete must sign the bottom of page 3. Additionally, they should fill in the date of the exam, print their name, as well as put their email address, phone number and medical license number.

C1-B Instruction (To be Completed by Additional Physicians)

- 40) **Further Medical Evaluation** – Page 4 consists of four separate further medical evaluation forms. These forms are only to be used if the athlete has been examined first by a physician and, through the course of the sports physical, was denied sports clearance based on the need for further medical evaluation. If only one additional medical examination is needed for clearance, only one quadrant of page 4 must be completed by the physician who is doing the additional medical evaluation. To complete this form (and thus to complete the medical clearance process), the additional physician must print his or her name and medical specialty, state the purpose for the referral and state whether or not the athlete may participate in sports after the assessment of the athlete. Additional notes, restrictions, qualifying comments or referrals may be entered in the space for “additional examiner notes”. Finally, the additional examining physician should list his or her email address, phone number, license number as well as sign and date the referral form.