

PARENTS and COACHES – please follow these steps filling out, then SAVING in PDF file.

ATHLETE REGISTRATION FORM *Special Olympics*

National Special Olympics Program: SOTX Delegation: 10 LEW

Are you a new athlete to Special Olympics or Re-Registering? ☐ New Athlete ☒ Re-Registering

NEW '22 - TYPE IN BLUE BOXES- easier and more legible than handwriting!

ATHLETE INFORMATION

First Name: John Middle Name: Maurice

Last Name: Carson Preferred Name: Kit

< **NEW: PDF allows TYPING most info.** If you must do it by hand, WRITE LEGIBLY or it may have to be re-done....

True story from a parent: *At State Games, athlete was having possible heart attack. Coach gave EMTs the medical form, they hand it back and say "WE CAN'T READ MEDICATIONS THEY ARE TAKING! WE NEED TO KNOW BEFORE TREATING HIM!"*

So don't fill it out like it's a "chore" - fill it out like your child's life depends on it...because one day it might!

You'll have to print out form, even if you Type your portion, to bring Blue pages to DOCTOR. **PLEASE Do NOT print it out as "2-sided"**. Makes it difficult to scan all the pages into a single PDF file later on. Print each page on its own sheet of paper.

Give originals to Coach, keep copy yourself. If you CAN Scan all pages into one PDF file, must follow these steps:

- 1) Scan pages in same order they are in blank template, and ensure they feed straight. Refer to images below.
- 2) CHOOSE Scan Resolution small enough so **File Size is 3MB or less**, but info is legible and not "grainy". Test Scan for file size and legibility, adjust from there. Many email programs limit attachments to 20 MB total; if all Medicals are 7 - 9MB in size, can only attach 2 or 3 Medicals per email... and they may be too large to keep all team's medicals on cell phone.

Custom Scan Settings

Resolution

200 x 200 dpi
100 x 100 dpi
150 x 150 dpi
200 x 200 dpi
300 x 300 dpi
400 x 400 dpi
600 x 600 dpi

< Sugg choose
**200 x 200 or
150 x 150**

SCAN IN PAGE ORDER (BELOW). **NOTE, 7th page only needed if: A) regular Dr. doesn't approve, refers athlete to Specialist, who fills out Page 7. B) If athletes had to withdraw due to medical issue for a time, and a doctor is now clearing him/ her to participate again.

Ok to attach addl page with list Medications. Scan it last; Write "see att'd" on Page 5 where medications go.

ATHLETE REGISTRATION FORM *Special Olympics*

State Special Olympics Program: Lewisville I.S.D. Special Olympics (10 LEW) **SCAN - PAGE 1**

Are you a new athlete to Special Olympics or Re-Registering? ☐ New Athlete ☐ Re-Registering

ATHLETE INFORMATION

First Name: Middle Name:

ATHLETE RELEASE FORM *Special Olympics*

I agree to the following:

PAGE 2

1. Ability to Participate. I am physically able to take part in Special Olympics activities

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND AGREEMENT FOR COMMERCIAL PURPOSES *Special Olympics*

PAGE 3

Athlete Medical Form – HEALTH HISTORY *Special Olympics* **PAGE 4**

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

Athlete First & Last Name: Preferred Name:

Athlete Date of Birth (mm/dd/yyyy): ☐ Female ☐ Male

STATE PROGRAM: Lewisville I.S.D. Special Olympics (10 LEW) E-mail:

ASSOCIATED CONDITIONS - Does the athlete have (check any that apply): **says "PAGE 1 of 4" at bottom of page**

☐ Autism ☐ Down Syndrome ☐ Fragile X Syndrome

Athlete Medical Form – HEALTH HISTORY *Special Olympics* **PAGE 5**

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

Athlete's First and Last Name:

HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness ☐ No ☐ Yes High Blood Pressure ☐ No ☐ Yes Stroke/TIA ☐ No ☐ Yes

Dizziness during or after exercise ☐ No ☐ Yes High Cholesterol ☐ No ☐ Yes

Headache during or after exercise ☐ No ☐ Yes Vision Impairment ☐ No ☐ Yes **says "PAGE 2 of 4" at bottom of page**

Athlete Medical Form – PHYSICAL EXAM *Special Olympics* **PAGE 6**

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medication)

Athlete's First and Last Name:

MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medication)

Height	Weight	BMI (optional)	Temperature	Pulse	O ₂ Sat	Blood Pressure (in mmHg)	Right Vision 20/40 or better	Left Vision 20/40 or better
cm	kg	BMI	C			BP Right: BP Left:		
in	lbs	Body Fat %	F					

Right Hearing (Finger Rub) ☐ Responds ☐ No Response ☐ Can't Evaluate

Left Hearing (Finger Rub) ☐ Responds ☐ No Response ☐ Can't Evaluate

Bowel Sounds ☐ Normal ☐ Abnormal

Hepatomegaly ☐ No ☐ Yes

says "PAGE 3 of 4" at bottom of page

Most important page- DR. SIGNATURE, NAME OF CLINIC, and DATE at bottom. 3 Year Expiration date is calculated from THIS date, not dates on parent's pages.

Athlete Medical Form – MEDICAL REFERRAL FORM *Special Olympics* **PAGE 7**

(To be completed by a Licensed Medical Professional only if referral is needed)

Athlete's First and Last Name:

This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.

Athlete should bring the previously completed pages to the appointment with the specialist.

Examiner's Name:

Specialty: **says "PAGE 4 of 4" at bottom of page**

SEE examples on next page, stuff Doctors forget... get it right BEFORE you leave their office!

About Page 3- WAIVER. This was a Separate page prior to Summer '22. No need to re-scan existing medicals to include this; just get parent to sign hard copy, Coach can Scan, or turn in at Area / State check in. **After Dec 1st, 2022, "Medical" considered complete only if it has all 6 (or 7th optional) pages shown at left.**

EXAMPLES of MISSING or ILLEGIBLE INFO - PARENTS, MAKE SURE IT'S ALL COMPLETE BEFORE SUBMITTING TO YOUR COACH OR IT WILL DELAY YOUR ATHLETE'S PARTICIPATION. We must comply with SOTX regulations.

COACHES, DON'T SEND TO RENAE / LARRY / MARY ETC. TILL ALL DONE RIGHT PLEASE.

Athlete Medical Form – PHYSICAL EXAM
(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)

Athlete's First and Last Name: name concealed for privacy

MEDICAL PHYSICAL INFORMATION
(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O ₂ Sat	Blood Pressure (in mmHg)	Vision
6'1"	157 lbs	29.66	97.9	62	95	116/86	Right Vision: 20/40 or better <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Left Vision: 20/40 or better <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Right Hearing (Finger Rub) ☐ Responds ☐ No Response ☐ Can't Evaluate
Left Hearing (Finger Rub) ☐ Responds ☐ No Response ☐ Can't Evaluate
Right Ear Canal ☐ Clear ☐ Cerumen ☐ Foreign Body
Left Ear Canal ☐ Clear ☐ Cerumen ☐ Foreign Body
Right Tympanic Membrane ☐ Clear ☐ Perforation ☐ Infection ☐ IMA
Left Tympanic Membrane ☐ Clear ☐ Perforation ☐ Infection ☐ IMA
Oral Hygiene ☐ Good ☐ Fair
Thyroid Enlargement ☐ No ☐ Yes
Lymph Node Enlargement ☐ No ☐ Yes
Heart Murmur (supine) ☐ No ☐ 1/6 or 2/6 ☐ 3/6 or greater
Heart Murmur (upright) ☐ No ☐ 1/6 or 2/6 ☐ 3/6 or greater
Heart Rhythm ☐ Regular ☐ Irregular
Lungs ☐ Clear ☐ Not clear
Right Leg Edema ☐ No ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Left Leg Edema ☐ No ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Radial Pulse Symmetry ☐ Yes ☐ R>L ☐ L>R
Cyanosis ☐ No ☐ Yes, describe
Clubbing ☐ No ☐ Yes, describe

Bowel Sounds ☐ Yes ☐ No
Hepatomegaly ☐ No ☐ Yes
Splenomegaly ☐ No ☐ Yes
Abdominal Tenderness ☐ No ☐ RUQ ☐ RLQ ☐ LUQ ☐ LLQ
Kidney Tenderness ☐ No ☐ Right ☐ Left
Normal ☐ Diminished ☐ Hyperreflexia
Normal ☐ Diminished ☐ Hyperreflexia
Normal ☐ Diminished ☐ Hyperreflexia
Normal ☐ Diminished ☐ Hyperreflexia
Abnormal Gait ☐ No ☐ Yes, describe below
Spasticity ☐ No ☐ Yes, describe below
Tremor ☐ No ☐ Yes, describe below
Neck & Back Mobility ☐ Full ☐ Not full, describe below
Upper Extremity Mobility ☐ Full ☐ Not full, describe below
Lower Extremity Mobility ☐ Full ☐ Not full, describe below
Upper Extremity Strength ☐ Full ☐ Not full, describe below
Lower Extremity Strength ☐ Full ☐ Not full, describe below
Loss of Sensitivity ☐ No ☐ Yes, describe below

SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)
☐ Athlete shows NO EVIDENCE of neurological symptoms or physical signs that require further evaluation to rule out AAI.
☐ Athlete has neurological symptoms or physical signs that require further evaluation to rule out AAI. (Describe below)

ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER)
It is recommended that the examiner review items on the medical history with the athlete or parent. If an athlete wants further medical evaluation please make a referral below and second physician for referral.

☐ This athlete is ABLE to participate in Special Olympics sports without restrictions.
☐ This athlete is ABLE to participate in Special Olympics sports WITH restrictions. Describe →
☐ This athlete MAY NOT participate in Special Olympics sports at this time & MUST be further evaluated by a physician.

Concerning Cardiac Exam ☐ Acute Infection ☐ O₂ Saturation ☐
Concerning Neurological Exam ☐ Stage II Hypertension or Greater ☐ Hepatomegaly ☐
Other, please describe:

Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:
☐ Follow up with a cardiologist ☐ Follow up with a neurologist ☐ Follow up with a vision specialist ☐ Follow up with a hearing specialist ☐ Follow up with a physical therapist
☐ Other/Exam Notes:

Signature of Licensed Medical Examiner: [Signature] Exam Date: 4/15/21
Name: name concealed for privacy
E-mail: [Redacted]
Phone: 940 [Redacted] License #: G [Redacted]

Medical Form for US Programs – updated July 2017

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Concerning Cardiac Exam ☐ Acute Infection ☐ O₂ Saturation ☐
Concerning Neurological Exam ☐ Stage II Hypertension or Greater ☐ Hepatomegaly ☐
Other, please describe:

Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:
☐ Follow up with a cardiologist ☐ Follow up with a neurologist ☐ Follow up with a vision specialist ☐ Follow up with a hearing specialist ☐ Follow up with a physical therapist
☐ Other/Exam Notes:

Signature of Licensed Medical Examiner: [Signature] Exam Date: [Redacted]
Name: [Redacted]
E-mail: [Redacted]
Phone: [Redacted] License #: [Redacted]

Medical Form for US Programs – updated April 2021

DATE? DR. or Parent please write it CLEARLY in blank space and initial it....

Signature: [Signature] Exam Date: 4/29/21
Name: PAMELA CARL MD
E-mail: [Redacted]
Phone: 972316 0940 License #: L2203

Medical Form for US Programs – updated July 2017

Special Olympics Medical Form | 3 of 4

LISDSO COACHES - MEDICALS PROCESS - NOV 2022

Renae Carswell will be the keeper of all Medicals, just as John Carson was. But she will have help as follows: Elisabet DaSilva will call & email monthly, all athletes who will soon have expired Medicals for all Medicals. Larry Lindahl and Mary Trosko will get Medicals from coaches, and scan them into PDF files for Renae.

EACH COACH WILL BE RESPONSIBLE TO DO FOLLOWING, FOR ATHLETES ON THEIR TEAM:

- Prior to season, review Medical Expiration List, notifying families when new Medicals are needed.
 - o If they answered Elisabet's call, that should reduce no. of athletes you must contact.
- Emailing them the latest Medical Blank 7 page template (as of Sept of 2022).
- Emailing THIS file to them so they know what's required.
- Tell parents, whether they choose to Scan into a PDF themselves, or give us hard copies for us to scan, they need to give Coach the ORIGINALS. They can make copy for themselves, or we can email them the PDF.
- REVIEWING their completed Medical for missing or illegible info, before sending it on. Suggest you do this when they give it to you, so you can hand it back for corrections. Look for:
 - o Legible DOB, email address, phone nos., Medical info, Medications list, emergency contacts, etc.?
 - o Signatures on pages 2 (Release) and 3 (Waiver) ?
 - o Page 6: Dr. Signatures, License, Phone, and DATE of Exam? Circle/check Approval to participate?
 - o If parent sends coach PDF, is it 3MB or less? In correct page order?
- EMAILING COMPLETED MEDICALS to Area 10 director, PER SOTX STEPS below. Copy Renae, Larry, Mary, who will ensure other coaches have access to Medicals in future seasons.

THESE ARE SOTX REQUESTED STEPS for EMAILING MEDICALS:

They get HUNDREDS of updates prior to each Area or State Game, this helps them process them faster, and give us credit for sending them in. Helps US by having no delays for entering our Athletes.

- 1) EMAIL TO AREA 10 DIRECTOR. (Nov '22 = Anjelica Lisauckis. alisauckis@sotx.org)
- 2) TYPE OUR DELEGATION CODE and NAME in SUBJECT LINE of EMAIL like this:
 - a. 10 LEW – Lewisville ISD Special Olympics (don't use LISD- Lubbock is also LISD)
- 3) TYPE NAME OF ALL ATHLETES IN BODY OF EMAIL, for which you have attached Medicals.
 - a. This is so they can do a "search" of their inbox and find it if needed.
- 4) Don't forget, Please copy RENAE CARSWELL, Larry Lindahl, and Mary Trosko