

# 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: \_\_\_\_\_

## 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 <sub>2</sub> Sat	Blood Pressure (in mmHg)		Vision					
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A		
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A		
Right Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Bowel Sounds	Yes	No					
Left Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Hepatomegaly	No	Yes					
Right Ear Canal	Clear	Cerumen	Foreign Body			Splenomegaly	No	Yes					
Left Ear Canal	Clear	Cerumen	Foreign Body			Abdominal Tenderness	No	RUQ	RLQ	LUQ	LLQ		
Right Tympanic Membrane	Clear	Perforation	Infection	NA		Kidney Tenderness	No	Right	Left				
Left Tympanic Membrane	Clear	Perforation	Infection	NA		Right upper extremity reflex	Normal	Diminished	Hyperreflexia				
Oral Hygiene	Good	Fair	Poor			Left upper extremity reflex	Normal	Diminished	Hyperreflexia				
Thyroid Enlargement	No	Yes				Right lower extremity reflex	Normal	Diminished	Hyperreflexia				
Lymph Node Enlargement	No	Yes				Left lower extremity reflex	Normal	Diminished	Hyperreflexia				
Heart Murmur (supine)	No	1/6 or 2/6	3/6 or greater			Abnormal Gait	No	Yes, describe below					
Heart Murmur (upright)	No	1/6 or 2/6	3/6 or greater			Spasticity	No	Yes, describe below					
Heart Rhythm	Regular	Irregular				Tremor	No	Yes, describe below					
Lungs	Clear	Not clear				Neck & Back Mobility	Full	Not full, describe below					
Right Leg Edema	No	1+ 2+ 3+ 4+				Upper Extremity Mobility	Full	Not full, describe below					
Left Leg Edema	No	1+ 2+ 3+ 4+				Lower Extremity Mobility	Full	Not full, describe below					
Radial Pulse Symmetry	Yes	R>L	L>R			Upper Extremity Strength	Full	Not full, describe below					
Cyanosis	No	Yes, describe				Lower Extremity Strength	Full	Not full, describe below					
Clubbing	No	Yes, describe				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 findings associated with spinal cord compression or atlanto-axial instability.

OR

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

### ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

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 for the following concerns:

- |                              |                                  |   |
|------------------------------|----------------------------------|---|
| Concerning Cardiac Exam      | Acute Infection                  | O <sub>2</sub> Saturation Less than 90% on Room Air |
| Concerning Neurological Exam | Stage II Hypertension or Greater | Hepatomegaly or Splenomegaly                        |
| 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 primary care physician      |
| Follow up with a vision specialist | Follow up with a hearing specialist | Follow up with a dentist or dental hygienist |
| Follow up with a podiatrist        | Follow up with a physical therapist | Follow up with a nutritionist                |

Other/Exam Notes:

		Name:	
		E-mail:	
<b>Signature of Licensed Medical Examiner</b>	Exam Date	Phone:	License #:

# Athlete Medical Form – MEDICAL REFERRAL FORM

(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: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam                      Acute Infection                      O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam              Stage II Hypertension or Greater              Hepatomegaly or Splenomegaly

Other, please describe:

<b>In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):</b>		
<b>Yes</b>	<b>Yes, but with restrictions (<i>list below</i>)</b>	<b>No</b>

Additional Examiner Notes/Restrictions:

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

License: \_\_\_\_\_

<b>Examiner's Signature</b>	<b>Date</b>
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**This section to be completed by Special Olympics staff only, if applicable.**

This medical exam was completed at a MedFest event?              Yes              No

The athlete is a Unified Partner or a Young Athlete Participant?              Unified Partner              Young Athlete