SECTION 6a: Special Olympics Pennsylvania Additional Medical Exam Screening
REQUIRED FOR ALL PARTICIPANTS OF INTERSCHOLASTIC UNIFIED SPORTS

For individuals participating in Special Olympics sports, we want to assure individuals are screened appropriately for Atlanto-axial instability or AAI.

Please indicate if you have had the following by answering yes or no:	**Yes**	**No**
1. Burner, stinger or pinched nerve in neck, arms, shoulders/hands		
2. Difficulty controlling bowels		
3. Difficulty controlling bladder		
4. Numbness in arms or hands		
5. Numbness in legs or feet		
6. Tingling in arms or hands		
7. Tingling in legs or feet		
8. Weakness in arms or hands		
9. Weakness in legs or feet		
10. Recent change in coordination		
11. Recent change in ability to walk		

I have reviewed the health information and examined the named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics:

AME's Signature_____ MD, DO, PAC, CRNP, ASH, BSN or SNP *(circle one)*

Authorized Date of CIPPE ___/____/___

School Year: 2021-22

Special Olympics Pennsylvania

Waiver for participation in Interscholastic Unified Sport (IUS)

Complete this form online at this link: https://forms.gle/C9Uf8xEKkVfE8zVG7

In addition to the PIAA medical form, this waiver must be filled out completely in order for the athlete/partner to participate (practice or compete) in Interscholastic Unified Sports.

School Name: _____ ☐ Athlete ☐ Unified Teammate/Partner

Participant Name (PRINT):	Sport(s):
Participant's Email:	Phone#:
Address:	City, State, Zip:
Parent/Guardian Name (PRINT):	Relationship to participant:
Parent/Guardian Email:	Phone #:
Address:	City, State, Zip:

HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER

Yes	No		Yes	No	
☐	☐	Down Syndrome	☐	☐	Fainting Spells
☐	☐	Diabetes	☐	☐	Heat Illness or Cold Injury
☐	☐	Hear Problems	☐	☐	Hernia or Absence of 1 testicle
☐	☐	Seizures	☐	☐	Recent Contagious Disease or Hepatitis
☐	☐	Legally Blind	☐	☐	Kidney problems or loss of function in one kidney
☐	☐	Vision problems and/or less than 20/20 vision in one or both eyes	☐	☐	Pregnancy
☐	☐	Legally Deaf	☐	☐	Bone or Joint problems
☐	☐	Hearing Aid/Hearing problems	☐	☐	Contact Lens/Glasses
☐	☐	Requires Wheelchair	☐	☐	Dentures/False teeth
☐	☐	Motor impairment requiring special equipment	☐	☐	Emotional problems
☐	☐	Non-Verbal Individual	☐	☐	High/Low Blood pressure
☐	☐	Bleeding Problem	☐	☐	Asthma
☐	☐	None ☐ Atlanto-axial instability Evaluation by X-ray (check Yes if positive, No if negative and None for no X-ray available)	☐	☐	Special Diet Needs (if yes, explain):
☐	☐	Other (explain): _____			

Signature of parent/caregiver/adult athlete: _____ date _____/_____/_____

Complete release on opposite side.

Special Olympics Pennsylvania
2570 Blvd. of the Generals, Suite 124, Norristown, PA, 19403 **Tel** + (610) 630-9450 **Toll Free** + (800) 235-9058 **Fax** + (610) 630- 9456
www.specialolympicspa.org

RELEASE TO BE COMPLETED BY PARENT or GUARDIAN of <u>minor athlete (under 18 years of age or individual unable to consent)</u>

I am the parent/guardian of _____, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.
I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.
In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.
If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.
I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.
I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

_____ _____

Signature of Parent/Guardian Date

RELEASE TO BE COMPLETED BY ADULT ATHLETE (must be 18 years of age and able to consent)

I, _____ am at least 18 years old and have submitted the attached application for participation in Special Olympics.
I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.
Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.
If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.
I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete:_____ Date: _____

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print) _____ Relationship to athlete (i.e. family member, teacher, coach, etc.): _____