



2310 CROSSROADS DR.
 SUITE 1000
 MADISON, WI 53718
 (608) 222 – 1324

ATHLETES WITH DOWN SYNDROME SPECIAL EXAMINATION

ATHLETE INFORMATION

 Last name First name Date of Birth

 Street Address

 City Zip Code

 Phone Number Age Gender Race

AGENCY INFORMATION

 Agency Name Agency Number

INSURANCE INFORMATION

 Insurance co./Medical Assistance Policy number

MEDICAL RELEASE FOR INDIVIDUALS WITH DOWN SYNDROME PARTICIPATING IN DESIGNATED SPORTS AND OTHER RELATED ACTIVITIES OF SPECIAL OLYMPICS, INC.

This Form must be completed and signed by the examining physician for each individual with Down syndrome who is expected to participate in the following activities:

Alpine Skiing	Judo
Artistic Gymnastics	Pentathlon
Butterfly Stroke	Powerlifting
Diving Start	Soccer
High Jump	Squat Lift
	Snowboarding

And any warm-up exercises placing undue stress on the head and neck.

NOTE TO EXAMINING PHYSICIAN:

There is evidence from medical research that up to 15 percent of individuals with Down syndrome have a malalignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck or upper spine. Special Olympics, Inc. requires that any athletes competing in the above listed sports must be examined for this condition. The examination must include x-ray views of full extension and flexion of the neck.

PHYSICIAN STATEMENT:

On examination of cervical spine x-rays including full flexion and full extension views, I find that the above named athlete has:

CHECK ONE:

- No evidence of Atlanto-axial Instability
 Positive or equivocal evidence of Atlanto-axial Instability

SIGNATURE OF PHYSICIAN

DATE

 Print Physician's Name & Title

 Street Address City State Zip Code

 Telephone Number