



2310 CROSSROADS DR..
 STE. 1000
 MADISON, WI 53718
 (608) 222 - 1324

ATHLETES WITH DOWN SYNDROME SPECIAL EXAMINATION

ATHLETE INFORMATION **PLEASE PRINT** **AGENCY INFORMATION**

LAST NAME FIRST NAME DATE OF BIRTH AGENCY NAME AGENCY #

STREET ADDRESS

CITY ZIP CODE

ATHLETE PHONE NUMBER AGE GENDER RACE INSURANCE CO./MEDICAL ASSISTANCE POLICY NUMBER

INSURANCE INFORMATION

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:

Gymnastics	Diving Start in Swimming
Diving	High Jump
Equestrian	Alpine Skiing
Pentathlon	Soccer
Squat Lift	Butterfly Stroke in Swimming
Judo	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

Address Street City State Zip Code

Telephone Number