Application for participation in Special Olympics Missouri

Physical examination required every 3 years

Please Print

Agency Name: Wentzville Special Sports Agency Number: 33.051 New Athlete Renewal

First _____ MI _____ Last _____

Gender: Male Female Athlete SSN _____ Date of Birth _____

Athlete's Email address _____ Athlete Employer _____

Athlete's Address (Complete) _____ City _____

Zip _____ Phone _____ Cell Phone _____

Parent/Guardian Name _____

Parent/Guardian Email address _____ Guardian Employer _____

Parent/Guardian Address (Complete) _____ City _____

Zip _____ Phone _____ Cell Phone _____

Emergency Contact Person _____ Phone _____

Health Insurance Company _____ Medicaid _____

Health History

		Circle One				Circle One	
1.	Heart Disease/heart defect/high blood pressure	Yes	No	12.	Bone or joint problems	Yes	No
2	Chest pain	Yes	No	13.	Special Diet	Yes	No
3.	Seizures/epilepsy/fainting spells	Yes	No	14.	Asthma	Yes	No
4.	Diabetes	Yes	No	15.	Tobacco Use	Yes	No
5.	Concussion or serious head injury	Yes	No	16.	Easy Bleeding	Yes	No
6.	Major surgery or serious illness	Yes	No	17.	Emotional/psychiatric/behavioral	Yes	No
7.	Heat stroke/exhaustion	Yes	No	18.	Sickle cell trait or disease	Yes	No
8.	Visual impairment/contact lenses/glasses	Yes	No	19.	Immunizations up to date	Yes	No
9.	Blind	Yes	No	20.	Down Syndrome**	Yes	No
10	Hearing Impaired	Yes	No	21.	Autism	Yes	No
11	Deaf/Complete hearing loss	Yes	No	22.	Intellectual Disability	Yes	No

***athletes with Down Syndrome must complete the Atlanto-Axial Instability Assessment found on the Release form.*

Allergies _____

Please print medication name, amount, date prescribed and number of times per day medication is given. Attach extra sheet of paper if needed. _____

I acknowledge that Special Olympics Missouri has an Athlete Housing Policy relative to housing arrangements and the policy is available on the SOMO website at www.somo.org.

Signature of parent/caregiver/adult athlete _____

To be completed by a health care professional:

Physical Examination

Blood Pressure _____/_____ Weight _____ Height _____

Normal (N) Abnormal (A)

Vision	N	A	Cardiovascular System	N	A	Cranial Nerves	N	A
Hearing	N	A	Respiratory System	N	A	Coordination	N	A
Oral Cavity	N	A	Gastrointestinal System	N	A	Reflexes	N	A
Neck	N	A	Genitourinary System	N	A	Skin	N	A
Extremities	N	A						

Other: _____

Primary MR Etiology/Category _____

Restrictions: _____

Examiner's Name: _____ Address: _____

City: _____ Zip code _____ Phone _____

Examiner's Signature _____ **Date** _____

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics Missouri.

Updated 4.23.14