

# Health & Information Form

## Athletes & Unified Partners

This form must be completed BEFORE any individuals participate in Special Olympics sports coaching or competition.

### Contact Information

Athlete or Unified Partner:  Date of Birth:

Name:  Gender:

Sport(s):

Address:

Telephone:  Mobile:

Email:

### Parent / Guardian Information

Name:  Email:

Address:

Telephone:  Mobile:

### GP (Doctor) Information

Dr. Name:  Telephone:

Address:

Important Questions about your Health	YES	NO	UNKNOWN
1. Do you have heart disease, a heart defect or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you suffer from chest pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any history of sudden cardiac death under the age of 40 within the close family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had concussion or a serious head injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any neurological symptoms such as numbness, tingling, loss of feeling, abnormal sensations, weakness, muscle wasting or newly experienced co-ordination problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you have answered **NO** to all the questions above you can start to train with Special Olympics. Please now complete the health information questions on pages 3 and 4 of this form. Your GP does not need to complete pages 3 and 4. Once completed this form will be retained by your Club.
- If you have answered **YES or UNKNOWN** to any of the questions above, please make an appointment to see your GP and ask him / her to complete the information on page 2. You should then give pages 1 and 2 to the Special Olympics GB accredited programme that you would like to join. They will forward a copy to the Special Olympics GB Medical Office, who will then review the information supplied. If there are any restrictions placed on your participation in Special Olympics activity, the Club will be notified. In the meantime you **may not** participate in any Special Olympics sports coaching and competition. Any costs related with visiting your GP are the responsibility of the individual concerned.

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Role (athlete / unified partner):

Name:

Date of Birth:

Dear Doctor,

Thank you for seeing this individual. He or she, or a representative, has answered “yes” to one of the five “Important Questions about your Health” as part of the Special Olympics Great Britain Health and Information Form, Page 1. To enable the individual to participate in Special Olympics sports activities we need to be certain of the cause of these symptoms.

If the symptoms and their cause or diagnosis are known to you from the individuals medical records, we would be grateful if you would note the cause(s) and diagnose(s) below.

If the symptoms and their cause are **not** known to you then we would be grateful if you would consider referral.

If the individual has reported that he or she is experiencing neurological symptoms, please would you consider referral to a neurological specialist opinion to determine the cause of the symptom(s). If you are referring the individual for a neurological specialist opinion we would be grateful if you would state this below. If you are **not** referring the individual for a neurological specialist opinion we would be grateful if you would state this below.

Question number from “Important Questions about your Health”	Cause or Diagnosis (if not known please state)	Referral made to specialist? (Yes or No)
1.		
2.		
3.		
4.		
5.		

Dr. Name:

Telephone:

Address:

Surgery stamp

Dr. Signature: \_\_\_\_\_



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	Yes*	No
20. Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>

\*If YES, please complete the table below, using a continuation sheet if necessary.

Name of Medication	For what condition?	Dosage	How often is this taken?	Date first Prescribed

*This form must be signed by the athlete unless they are under 18 years of age. **If this page is not signed by an athlete 18 years of age or over the form is not valid.** For athletes less than 18 years of age the form must be signed by their parent or legal guardian. The person signing this form certifies that the information is correct at the time of completion.*

Signed: \_\_\_\_\_

Print Name:

Date:

If you are the parent or legal guardian of an athlete under 18 years of age and are signing the form on their behalf please state your relationship to the athlete:

**IMPORTANT INFORMATION:**

*As the health status of any individual may change over time, Special Olympics Great Britain recommends that all registered individuals have regular medical examinations conducted by a Doctor to assess whether there is any medical reason why they should not participate in their chosen sport(s).*

*Individuals must inform their relevant Coaches and Eligibility Officers if there is any change to their health status, especially the 5 "Important Questions about your Health". It is the Club's responsibility to ensure a new Health & Information Form is completed if this happens.*

*Health & Information Forms should be kept with the Club who delivers sports coaching sessions.*

*The forms should be made available at every coaching session and / or competition event by the Head Coach in case information is immediately required on any individual, whether for contact, medical or health reasons, either as part of an emergency or general enquiry. If the individual plans to participate in multiple coaching sessions, a copy should be made available at each session.*

*Please note that a separate Health / Medical Form will be required if any individual applies to attend a Special Olympics event abroad. This is ensure the relevant Games Organising Committee have up to date details on each individual's health status.*

*The information given in this form will be kept by relevant parties in accordance with the Data Protection Act. Special Olympics GB may, from time to time, make this information available to a third party to enable the athlete to participate in training and competitions or in the interests of the health and safety of the athlete. Such a third party would be either an international Special Olympics programme, or an organisation endorsed by and authorised to act on behalf of Special Olympics GB.*