



LETTER TO BE PROVIDED TO YOUR DOCTOR

Dear Medical Practitioner

Special Olympics Australia is a not-for-profit organisation that provides sports training and competition for people with an intellectual disability across eighteen sports.

Anyone with an intellectual disability is welcome to participate, but they need to register. One of the conditions of registration is that the person must visit a medical practitioner to complete a Health Care Assessment Form every 4 years.. This is to confirm that they are fit and able to participate in sport.

The form was designed by the global Special Olympics medical community to assist medical practitioners to detect conditions that are common among people with an intellectual disability and that may go undetected in a standard physical examination.

We ask that as the medical practitioner you complete the Health Care Assessment Form (3 pages), identify if the athlete is fit to participate in sport and sign as required.

Your fees for this consultation can be claimed under the “Health Assessments” category of the Medicare Benefits Schedule. Relevant item numbers are:

- Item 703 Standard (30-45 minutes)
- Item 705 Long (45-60 minutes)
- Item 707 Prolonged (at least 60 minutes)

Thank you for your time. We appreciate your assistance in helping us ensure that the athletes of Special Olympics Australia are fit to play sport.

Yours sincerely

Pierre Comis

Chief Executive Officer

Athlete Details

TO BE COMPLETED BY ATHLETE/PARENT/GUARDIAN/CARER

Full Name

Email

Club name

Membership (SOMS) number

Identifying Persons with Intellectual disabilities

A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

The person has been identified by an agency or professional as having an intellectual disability as determined by their localities;

OR

The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in that Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay;

OR

The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioural, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to participate in other Special Olympics activities please contact your club membership officer for further information

Does the athlete have an intellectual disability as per the above definition? Yes No

AND have 1 of the below conditions

Does the athlete have (tick all that apply)

Autism Down Syndrome Fragile X Syndrome Cerebral Palsy Foetal Alcohol Syndrome

Other (Please specify)

Athlete's Name

Height	Weight	Temperature
Blood Pressure Right	Blood Pressure Left	
Left vision 6 /12 or better <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Left hearing (Finger Rub) <input type="checkbox"/> Responds <input type="checkbox"/> No Response <input type="checkbox"/> Can't Evaluate	
Right vision 6/12 or better <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Right hearing (Finger Rub) <input type="checkbox"/> Responds <input type="checkbox"/> No Response <input type="checkbox"/> Can't Evaluate	
Left Ear Canal <input type="checkbox"/> Clear <input type="checkbox"/> Cerumen <input type="checkbox"/> Foreign Body	Left Tympanic Membrane <input type="checkbox"/> Clear <input type="checkbox"/> Perforation <input type="checkbox"/> Infection	
Right Ear Canal <input type="checkbox"/> Clear <input type="checkbox"/> Cerumen <input type="checkbox"/> Foreign Body	Right Tympanic Membrane <input type="checkbox"/> Clear <input type="checkbox"/> Perforation <input type="checkbox"/> Infection	
Left upper extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	Right upper extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Left lower extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	Right lower extremity reflex <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Abdominal Tenderness <input type="checkbox"/> No <input type="checkbox"/> Ruq <input type="checkbox"/> Rlq <input type="checkbox"/> Luq <input type="checkbox"/> Llq		
Kidney Tenderness <input type="checkbox"/> No <input type="checkbox"/> Right <input type="checkbox"/> Left	Oral Hygiene <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Splenomegaly <input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel Sounds <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatomegaly <input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid Enlargement <input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph Node Enlargement <input type="checkbox"/> Yes <input type="checkbox"/> No	Lungs <input type="checkbox"/> Clear <input type="checkbox"/> Not clear	Heart Rhythm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular
Heart Murmur (supine) <input type="checkbox"/> No <input type="checkbox"/> 1/6 or 2/6 <input type="checkbox"/> 3/6 or greater	Heart Murmur (upright) <input type="checkbox"/> No <input type="checkbox"/> 1/5 or 2/5 <input type="checkbox"/> 3/5 or greater	
Abnormal Gait <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Spasticity <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Tremor <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Neck & Back Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Upper Extremity Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Lower Extremity Mobility <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Lower Extremity Strength <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Upper Extremity Strength <input type="checkbox"/> Full <input type="checkbox"/> Not full, describe		
Radial Pulse Symmetry <input type="checkbox"/> Yes <input type="checkbox"/> R>L <input type="checkbox"/> L>R		
Loss of Sensitivity <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Cyanosis <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Clubbing <input type="checkbox"/> No <input type="checkbox"/> Yes, describe		
Left Leg Oedema <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Right Leg Oedema <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	

01. Healthcare Assessment Form (continued)

TO BE COMPLETED BY MEDICAL PRACTITIONER

Athlete does not have any neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability and therefore must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.

Please choose **ONE OPTION** to confirm if the athlete is able to participate in Special Olympics sport.

This athlete is fit to participate in Special Olympics Australia sport.

This athlete has medical issues which require further investigation, however the athlete is able to participate in Special Olympics Australia sport.

This athlete wishes to renew their athlete registration but is not fit to participate in Special Olympics Australia sport at this time and must be evaluated by a professional for the following concerns:

OR

A referral has been obtained Yes No

OR

Cardiac Stage II Hypertension or greater
 Neurological Other _____

A referral has been obtained Yes No

Signature of Medical Practitioner

Date

Name

Email

Phone

Provider Number

TO BE COMPLETED BY MEDICAL PRACTITIONER/ATHLETE/PARENT/GUARDIAN/CARER

Has the athlete ever had any of the following conditions?			
Dizziness during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Irregular, racing or skipped heart beats	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Valve Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congenital Heart Defect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pain during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiomyopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any difficulty controlling bowels or bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness or tingling in legs, arms, hands or feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse
Weakness in legs, arms, hands or feet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Tilt	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse
Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy or any type of seizure disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse
Seizure during the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spasticity	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> New <input type="checkbox"/> Worse
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this new or worse in the past 3 years?			<input type="checkbox"/> New <input type="checkbox"/> Worse
Is the athlete able to administer his or her own medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Athlete Signature (only if own guardian)

Date

Legal Guardian Signature (only if not own guardian)

Date

02. Medical Referral

ONLY to be used if the athlete has not been cleared for sports participation

Athlete's Name

Examiners Name

Speciality

I have examined this athlete for the following medical concern(s)

Please describe

In my professional opinion, this athlete may participate in Special Olympics Australia sports (see to the right for restrictions or limitations) Yes No

Additional Practitioners Notes

Medical Practitioner's Signature

Date

Name

Email

Phone

Provider Number

AUTHORISATION

Authorisation for Adult Athlete (Over 18)

Note: Part 1 must be completed by the Adult Athlete. Part 2 must be completed by their parent/guardian/carer or other responsible adult.

Part 01: Athlete

I, _____ (print name), am at least 18 years old and have submitted the attached application for participation in activities and events organised or coordinated by Special Olympics Australia, its volunteers and other organisations under the Special Olympics, Inc. umbrella ("SO Activities").

By signing this form:

- I confirm that to the best of my knowledge and belief, I am physically and mentally able to participate in SO Activities.
- I confirm that there is no medical evidence that would stop me from safely participating in SO activities.
- I confirm that I have read and agree to abide by the enclosed Athlete Code of Conduct.
- I agree that if, during my participation in SO Activities, I need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, Special Olympics Australia may take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalisation. (If you have religious objections to receiving such medical treatment, please cross out this paragraph, initial and request a Special Provisions regarding Medical Treatment form).
- I consent to the collection, use and disclosure of my personal information (including sensitive information) as described in the Privacy Statement enclosed. The privacy policy is available on Special Olympics Australia's website (www.specialolympics.com.au/ourwork/privacy).
- I, the athlete named above, have read the provisions of the Authorisation that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this Authorisation.

Signature of Adult Athlete	Date
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Part 02: Parent/Guardian/Carer/Responsible Adult

By signing this form, I confirm that:

- I am the parent, guardian, carer for, or am otherwise responsible for, the athlete named on this form ("Athlete").
- I am happy for the Athlete to participate in SO Activities.
- I have reviewed this Authorisation and the attached completed registration form with the Athlete.
- I am satisfied based on that review that the information given in the form is accurate and complete and the Athlete understands this Authorisation and has agreed to its terms.
- I consent to the collection, use and disclosure of the personal information (including sensitive information) of the Athlete as described above.
- I understand that my personal information and personal information of any other contacts named in this form ("Contacts") will be collected, used and disclosed to the extent required to facilitate the Athlete's participation in accordance with the privacy policy available on Special Olympics Australia's website (www.specialolympics.com.au/ourwork/privacy), and I have the permission of Contacts to provide their details in this form.

Signature of parent/guardian/carer or other responsible adult	Date
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Name (print)	Relationship to athlete
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Authorisation for Minor Athlete (Under 18)

Note: to be completed by the parent/guardian of the minor athlete

I am the parent/guardian of _____ (print name), the minor athlete ("Athlete"), on whose behalf I have submitted the attached application for participation in activities and events organised or coordinated by Special Olympics Australia, its volunteers and other organisations under the Special Olympics, Inc. umbrella ("SO Activities").

By signing this form, I confirm that:

- I am the parent/guardian of the Athlete and I give permission for the Athlete to participate in SO Activities.
- I have read and will ensure the Athlete abides by the enclosed athlete's Code of Conduct.
- To the best of my knowledge and belief, the Athlete is physically and mentally able to participate in SO Activities.
- There is no medical evidence that would preclude the Athlete from participating in SO Activities.
- If, during the Athlete's participation in SO Activities, he/she should need emergency medical treatment, and I am not personally present and available to be consulted in advance of that treatment for any reason, I authorise Special Olympics Australia to take whatever measures it deems necessary to protect the Athlete's health and well-being, including, if necessary, hospitalisation. (If the Athlete has religious objections to receiving such medical treatment, please cross out this paragraph, initial and request a Special Provisions regarding Medical Treatment form).
- I have reviewed the attached completed form and I am satisfied based on that review that the information given in the form is accurate and complete.
- I have read this Authorisation and fully understand it. I understand that by signing this Authorisation, I am saying that I agree to the provisions of this Authorisation;
- I consent to the collection, use and disclosure of the personal information (including sensitive information) of the Athlete as described above.
- I understand that my personal information and personal information of any other contacts named in this form ("Contacts") will be collected, used and disclosed to the extent required to facilitate the Athlete's participation in accordance with the privacy policy available on Special Olympics Australia's website (www.specialolympics.com.au/ourwork/privacy/), and I have the permission of Contacts to provide their details in this form.

Signature of parent/guardian	Date
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Name (print)	
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Special Olympics Australia (SOA) is committed to a safe, fair and inclusive environment for everyone. Our Code of Conduct contains standards of behaviour that reflect our values of:

Respect Trust Sportsmanship

Everyone who takes part in training, playing, participating or spectating in SOA activities must abide by the SOA Code of Conduct.

A breach of this code may result in actions such as suspension, withdrawal from training/competition or expulsion.

At SOA, everyone including athletes, coaches, volunteers, officials, committee members, staff, families, carers and supporters should:

- act within the rules and spirit of sport.
- promote fair play.
- support opportunities for participation in sport.
- treat each person as an individual.
- show respect and courtesy to all involved including athletes, coaches, volunteers, officials, committee members, staff, families and supporters.
- respect the decisions of official, coaches and club administrators.
- ensure that SOA activities are conducted in a safe environment.
- respect the rights and worth of every person regardless of their age, race, gender, ability, cultural or linguistic background, sexuality or religion.
- support child-safe policies and procedures.
- act with integrity and objectivity and accept responsibility for your decisions and actions.
- act responsibly in relation to smoking and drinking alcohol at SOA training and competitions.
- not use any illegal drugs at SOA training and competitions.
- model good behaviour and not abuse, bully or threaten others.
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitations, neglect and abuse of, people with disability

Athletes

- I will play by the rules.
- I will respect myself and others.
- I will participate for my own enjoyment and benefit.
- I will speak in an encouraging and positive manner
- I will give my personal best at all times.

Coaches, Volunteers and Officials

- I will understand my role and responsibilities and ensure that I deliver on them.
- I will be a positive role model.
- I will place the safety and welfare of athletes above all else.
- I will not make inappropriate physical, verbal or sexual advances on others.
- I will act honestly, in good faith and in the best interest of the sport I am involved with.
- I will resolve conflicts fairly and promptly through established procedures.
- I will comply with current SOA policies and procedures.
- I will conduct club responsibilities with due care, competence and diligence.
- I will maintain confidentiality with information gained in my role.

Families, Carers and Supporters

- I will remember that sport is for the enjoyment of athletes.
- I will focus on personal best performance, rather than winning or losing.
- I will never put down an athlete for making a mistake or losing a competition.
- I will positively support athletes in training and competition.
- I will model positive behaviour.
- I will respect the dignity of athletes, coaches, volunteers, officials, committee members, staff, families, carers and supporters.
- I will not pressure athletes in any way.
- I will respect and appreciate volunteers and those who give up their time to enable sport to happen.

Name:

Club:

Signed:

Date: dd/mm/yyyy

SPECIAL OLYMPICS AUSTRALIA RISK WAIVER

Risk Waiver for Adult Athlete (over 18 years of age)

Option 01: Athlete

By signing this form, I [print name] acknowledge and accept that participation in recreational activities organised by Special Olympics Australia including its officers, employees, agents, volunteers, and other organisations/associations affiliated with Special Olympics Australia ("SO activities")¹, involves a significant risk of personal injury including permanent disability and/or death. Any personal injury may result not only from my actions including physical exertion but also from the negligence of Special Olympics Australia, including its officers, employees, agents, volunteers and other organisations and associations affiliated with Special Olympics Australia.

Signature of Adult Athlete..... **Date**.....

Option 02: Parent/ Guardian/Carer/Responsible Adult

I..... [print name] am the parent, guardian, carer of, or am otherwise responsible for the athlete named on this form (the "Athlete").
By signing this form, I acknowledge and accept that participation in recreational activities organised by Special Olympics Australia including its officers, employees, agents, volunteers, and other organisations/associations affiliated with Special Olympics Australia ("SO activities") involves a significant risk of personal injury including permanent disability and/or death. Any personal injury may result not only from the actions of the Athlete including physical exertion but also from the negligence of Special Olympics Australia, including its officers, employees, agents, volunteers and other organisations and associations affiliated with Special Olympics Australia.

Signature of Parent / Guardian..... **Date**.....

Risk Waiver for Minor Athlete (under 18 years of age)

I.....[print name] am the parent/guardian of the minor athlete named on this form (the "Athlete").
By signing this form, I acknowledge and accept that participation in recreational activities organised by Special Olympics Australia including its officers, employees, agents, volunteers, and other organisations/associations affiliated with Special Olympics Australia ("SO activities") involves a significant risk of personal injury including permanent disability and/or death. Any personal injury may result not only from the actions of the Athlete including physical exertion but also from the negligence of Special Olympics Australia, including its officers, employees, agents, volunteers and other organisations and associations affiliated with Special Olympics Australia.

Signature of Parent / Guardian..... **Date**.....

By signing this form as an athlete or as a parent/guardian, I further agree that Special Olympics Australia including its officers, employees, agents, volunteers, and other organisations/associations affiliated with Special Olympics Australia will not be liable to myself / the Athlete, or any person, either under statute or in negligence for any personal injury whatsoever suffered by myself / the Athlete, whether consequential, directly or indirectly caused by, or connected with my / the Athlete's participation in an SO activity.

¹ "SO activities" include: athletics, aussie rules, basketball, bocce, bowling, cricket, dancing, equestrian, football, golf, gymnastics, netball, sailing, softball, swimming, table tennis, tennis, alpine skiing, figure skating and snowboarding.