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
Maureen Scott
Membership Manager
<table>
<thead>
<tr>
<th><strong>06. Healthcare Assessment Form</strong></th>
<th><strong>TO BE COMPLETED BY MEDICAL PRACTITIONER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Athlete's Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td><strong>Weight</strong></td>
</tr>
<tr>
<td><strong>Blood Pressure Right</strong></td>
<td><strong>Blood Pressure Left</strong></td>
</tr>
<tr>
<td><strong>Left vision 6/12 or better</strong></td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td><strong>Right vision 6/12 or better</strong></td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td><strong>Left Ear Canal</strong></td>
<td>□ Clear □ Cerumen □ Foreign Body</td>
</tr>
<tr>
<td><strong>Right Ear Canal</strong></td>
<td>□ Clear □ Cerumen □ Foreign Body</td>
</tr>
<tr>
<td><strong>Left upper extremity reflex</strong></td>
<td>□ Normal □ Diminished □ Hyperreflexia</td>
</tr>
<tr>
<td><strong>Left lower extremity reflex</strong></td>
<td>□ Normal □ Diminished □ Hyperreflexia</td>
</tr>
<tr>
<td><strong>Abdominal Tenderness</strong></td>
<td>□ No □ Ruq □ Riq □ Luq □ Llq</td>
</tr>
<tr>
<td><strong>Kidney Tenderness</strong></td>
<td>□ No □ Right □ Left</td>
</tr>
<tr>
<td><strong>Bowel Sounds</strong></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>Lymph Node Enlargement</strong></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>Heart Murmur (supine)</strong></td>
<td>□ No □ 1/6 or 2/6 □ 3/6 or greater</td>
</tr>
<tr>
<td><strong>Abnormal Gait</strong></td>
<td>□ No □ Yes, describe</td>
</tr>
<tr>
<td><strong>Spasticity</strong></td>
<td>□ No □ Yes, describe</td>
</tr>
<tr>
<td><strong>Tremor</strong></td>
<td>□ No □ Yes, describe</td>
</tr>
<tr>
<td><strong>Neck &amp; Back Mobility</strong></td>
<td>□ Full □ Not full, describe</td>
</tr>
<tr>
<td><strong>Upper Extremity Mobility</strong></td>
<td>□ Full □ Not full, describe</td>
</tr>
<tr>
<td><strong>Lower Extremity Mobility</strong></td>
<td>□ Full □ Not full, describe</td>
</tr>
<tr>
<td><strong>Lower Extremity Strength</strong></td>
<td>□ Full □ Not full, describe</td>
</tr>
<tr>
<td><strong>Upper Extremity Strength</strong></td>
<td>□ Full □ Not full, describe</td>
</tr>
<tr>
<td><strong>Radial Pulse Symmetry</strong></td>
<td>□ Yes □ R&gt;L □ L&gt;R</td>
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<tr>
<td><strong>Loss of Sensitivity</strong></td>
<td>□ No □ Yes, describe</td>
</tr>
<tr>
<td><strong>Cyanosis</strong></td>
<td>□ No □ Yes, describe</td>
</tr>
<tr>
<td><strong>Clubbing</strong></td>
<td>□ No □ Yes, describe</td>
</tr>
<tr>
<td><strong>Left Leg Oedema</strong></td>
<td>□ No □ 1+ □ 2+ □ 3+ □ 4+</td>
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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 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:
  - Cardiac: Stage II Hypertension or greater
  - Neurological: Other

A referral has been obtained: Yes  No

Has the athlete ever had any of the following conditions?

- Dizziness during or after exercise
- Yes  No
- Heart Valve Disease
- Yes  No
- Irregular, racing or skipped heart beats
- Yes  No
- Headache during or after exercise
- Yes  No
- Heart Attack
- Yes  No
- Chest pain during or after exercise
- Yes  No
- Congenital Heart Defect
- Yes  No
- Heart Murmur
- Yes  No
- Vision Impairment
- Yes  No
- Endocarditis
- Yes  No
- Shortness of breath during or after exercise
- Yes  No
- Cardiomyopathy
- Yes  No
- Hearing Impairment
- Yes  No
- Any difficulty controlling bowels or bladder
- Yes  No
- Numbness or tingling in legs, arms, hands or feet
- Yes  No
- If yes, is this new or worse in the past 3 years?
- Yes  No
- If yes, is this new or worse in the past 3 years?
- New  Worse
- Weakness in legs, arms, hands or feet
- Yes  No
- Head Tilt
- Yes  No
- If yes, is this new or worse in the past 3 years?
- New  Worse
- Seizure during the past year
- Yes  No
- Epilepsy or any type of seizure disorder
- Yes  No
- If yes, is this new or worse in the past 3 years?
- New  Worse
- Paralysis
- Yes  No
- Spasticity
- Yes  No
- If yes, is this new or worse in the past 3 years?
- New  Worse
- Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet
- Yes  No
- If yes, is this new or worse in the past 3 years?
- New  Worse

Is the athlete able to administer his or her own medications?  Yes  No

Athlete Signature (only if own guardian)  Date

Legal Guardian Signature (only if not own guardian)  Date

Signature of Medical Practitioner  Date

Name

Email

Phone  Provider Number
07. 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