

**MEDICAL ADDENDUM FOR ATHLETES WITH DOWN SYNDROME
SPECIAL OLYMPICS OKLAHOMA**

This form must be completed and signed by the examining physician for individuals with Down Syndrome wishing to participate in Special Olympics. All athletes with Down Syndrome must have this form on file in the State Office to be eligible to participate in Special Olympics Oklahoma. Please complete the entire form accurately and mail to: Special Olympics Oklahoma - 6835 S. Canton Avenue, Tulsa, OK., 74136 - ATTN: Program Department

Athlete Name _____

Sex _____ Age _____ Birthdate (Mo/Day/Yr) _____

Home Address/City/Zip _____

Home Phone + Area Code _____

Parent / Guardian Name _____

Parent/Guardian Address/City/Zip _____

Parent (H) Phone (____) _____ Parent (W) Phone (____) _____

NOTE TO EXAMINING PHYSICIAN: Studies show that approximately 10% of persons with Down Syndrome have the condition of Atlantoaxial Instability. Special Olympics Oklahoma requires cervical spine X-rays including full flexion & full extension views in order to determine the existence of the Instability.

PHYSICIAN STATEMENT: On examination of cervical spine X-rays including full flexion & full extension views, I find that the above named athlete has: - please

No evidence of Atlantoaxial Instability.
(Indicate below if the athlete has No Restrictions – or mark those sports in which the athlete MAY participate).

Positive or Equivocal evidence of Atlantoaxial Instability.
(Indicate below all sports in which the individual may safely participate).

I have notified the parents/guardians of the nature and extent of the condition.

* Yes No Not Applicable

***If positive for the instability, a completed copy of the Special Release for Athletes with Atlantoaxial Instability must be furnished to the State Office in Tulsa to be kept on file with this Addendum. Call to request the form: 918/481-1234 or 800/722-9004.**

DOCTOR: Check sports in which the athlete is able to compete – or check No Restrictions if athlete is able to compete in all sports/events.

*** Indicates High Risk Sports - dangerous for positive Atlantoaxial Instability athletes.**

* **AQUATICS** : Backstroke - Breaststroke - Butterfly
Combination Freestyle - Diving Start - 1 Meter Diving

* **ATHLETICS:** * High Jump - * Pentathlon - Race Walking -
(T&F) Running Events - Softball Throw -
* Standing/Running Long Jump - Shot Put

BOCCE: Individual or Team

BOWLING: Singles – Doubles - Unified Team

BASKETBALL: Individual Skills - Team Competition

FLAG FOOTBALL: Unified Team Competition

GOLF: Individual Skills - 9 hole play - 18 hole play

HORSESHOES: Individual or Team

* **EQUESTRIAN:** Western Riding / Rodeo events
~ Athletes w/ instability NOT eligible

* **MUSIC:** * Dance – Vocal - Instrumental

POWERLIFTING: Deadlift - Bench Press - Squat

SOCCER: Individual Skills - Team Competition

SOFTBALL: Individual Skills - Team Competition

VOLLEYBALL: Individual Skills - Team Competition

WHEELCHAIR EVENTS: 25 M Race - 30 M Slalom

* **WINTER SPORTS:** Speed Skating - Downhill Skiing
Snowshoeing – Cross Country

NO RESTRICTIONS

Name of Physician (**PRINT**)

(____) _____
Area Code & Phone Number (Office #)

Signature of Physician

Date