

KEEP ON PERMANENT FILE
SPECIAL OLYMPICS TENNESSEE

MEDICAL RELEASE FOR DOWN SYNDROME INDIVIDUALS PARTICIPATING IN DESIGNATED SPORTS IN SPECIAL OLYMPICS TENNESSEE LOCAL, AREA AND STATE GAMES

This form must be completed and signed by the examining physician for each participant with Down Syndrome who is expecting to participate in one of the following sports activities sponsored by Special Olympics Tennessee, Inc.

GYMNASTICS SKIING SOCCER PENTATHLON
DIVING START IN AQUATICS EQUESTRIAN SPORTS
BUTTERFLY STROKE IN AQUATICS HIGH JUMP

The completed form should be submitted with the athlete's Special Olympics Tennessee Medical Release Form to:

SPECIAL OLYMPICS TENNESSEE, INC.
1900 12TH AVENUE SOUTH
NASHVILLE, TENNESSEE 37203

X-RAYS AND EXAM NEED ONLY BE PERFORMED ONCE (NOT ANNUALLY). PLEASE KEEP A COPY ON PERMANENT FILE.

NAME OF ATHLETE _____

AREA/COUNTY PROGRAM _____

SCHOOL/CENTER _____

NOTE TO EXAMINING PHYSICIAN:

Medical studies have demonstrated that approximately 15% of Down Syndrome individuals have a condition of the upper spine called Atlantoaxial Dislocation (Subluxation). Special Olympics, Inc. requires that any athletes competing in the above listed sports must be examined for this condition. The examination must include x-ray views of full flexion and extension of the neck.

PHYSICIAN'S STATEMENT

On examination of cervical spine x-rays, including full flexion and full extension views, I find that the above named athlete has:

_____ No evidence of Atlantoaxial Dislocation

_____ Positive or equivocal evidence of Atlantoaxial Dislocation

DATE

SIGNATURE OF PHYSICIAN

Print Name of Physician

Address