

Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: _____

This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.

Athlete should bring the previously completed pages to the appointment with the specialist.

Examiner's Name: _____

Specialty: _____

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

- Concerning Cardiac Exam Acute Infection O₂ Saturation Less than 90% on Room Air
 Concerning Neurological Exam Stage II Hypertension or Greater Hepatomegaly or Splenomegaly
 Other, please describe:

In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):

- Yes Yes, but with restrictions (*list below*) No

Additional Examiner Notes/Restrictions:

Examiner E-mail: _____

Examiner Phone: _____

License: _____

Examiner's Signature

Date

This section to be completed by Special Olympics staff only, if applicable.

- This medical exam was completed at a MedFest event? Yes No
The athlete is a Unified Partner or a Young Athlete Participant? Unified Partner Young Athlete