

Special Olympics New Zealand | Athlete Medical Certificate

Special Olympics is an organised programme of sports training and competition for people with an intellectual disability. The programme caters for a diverse range of ages, fitness and ability levels, with opportunities available across thirteen sanctioned sports in New Zealand.

A condition of registering with Special Olympics New Zealand is visiting a medical practitioner who is registered with the Medical Council of New Zealand or a nurse practitioner who is registered with the Nursing Council of New Zealand to complete this Medical Certificate every four years. This is to confirm the athlete’s eligibility for Special Olympics (on joining the programme) and to approve they are fit and able to participate in sport.

Eligibility

An individual is considered to have an intellectual disability for the purpose of determining their eligibility to participate in Special Olympics if they satisfy any one of the following requirements:

1. An agency or professional has identified them as having an intellectual disability.
2. The person has a cognitive delay determined through nationally recognised standardised tests such as “IQ” testing or other measures which are generally accepted with the professional community as being a reliable measurement of the existence of a cognitive delay.
3. There is a developmental disability affecting general learning and adaptive skills in at least two of the following areas: communication, self-care, daily living, social skills, health & safety, functional academics, work capabilities, leisure.

An individual is not eligible to participate in Special Olympics if their disability is solely due to physical disability, emotional disturbances, behaviour disorders, specific learning disabilities e.g. dyslexia, psychiatric illness or sensory disabilities. Athletes with autism must also have an intellectual disability to be eligible.

Health practitioner to answer - Is the athlete eligible for Special Olympics as per the above definition?

Yes		If yes, what is their primary diagnosis for involvement in Special Olympics?	
No			

Section 1: Athlete Details | Completed by the athlete/parent/guardian/support person

Athlete Details			
Full Name:			
Date of birth:		Gender:	
Phone:		Club:	

Emergency Contact Details			
Full Name:			
Relationship:		Cell phone:	

Sports Participation	
Please list the sports you are currently involved in or intend to be involved in	

Section 2: Athlete Health History & Medical Information | Completed by Health Practitioner

Health History

Has the athlete ever been diagnosed with or experienced any of the following conditions?

Dizziness during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Concussion or head injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pain during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures or epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears dentures/plates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neurological symptoms for spinal cord compression	<input type="checkbox"/> Yes <input type="checkbox"/> No

Athletes who have Down Syndrome or show symptoms associated with spinal cord compression or Atlanto-axial Instability must also complete Appendix 1.

Notes

Allergies & Dietary Requirements Notes

<input type="checkbox"/> No known allergies	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Food allergies	
<input type="checkbox"/> Insect bites/stings	
<input type="checkbox"/> Other allergies	
<input type="checkbox"/> Other dietary requirements	

Medications

Name	Dosage	Frequency

Section 3: Participation in Special Olympics Sport | Completed by Health Practitioner

Following completion and review of the athlete's health and medical information, please tick ONE OPTION below;

- The athlete is able to participate in Special Olympics sport.
- The athlete is able to participate in Special Olympics sport but with the following restrictions and/or recommendations:

- The athlete may not participate in Special Olympics sport at this time and must be further evaluated by a professional for the following concerns;
 - Cardiac concerns Neurological concerns Stage II Hypertension or greater
 - Other _____

Athlete's NHI Number	
Name of Health Practitioner	
Signature of Health Practitioner	
Name of medical practice	
Phone	
Date	

Health Practitioner's Stamp (required):

Appendix 1: Athletes who have Down Syndrome or show symptoms associated with spinal cord compression or Atlanto-axial Instability | Completed by Health Practitioner

Health Practitioner's Note: If the Athlete has Down Syndrome, Special Olympics New Zealand requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radial flexion or direct pressure on the neck or upper spine. The sports and events for which this is required are equestrian, gymnastics, dive starts, individual medley events and butterfly stroke in swimming, high jump, alpine skiing, snowboarding, squat lift and football, plus any warmup exercise placing undue pressure on the head and neck.

If possible, it is recommended the Athlete completes an X-Ray first and brings the results to the Health Practitioner to discuss.

Health Practitioner to complete - Has an examination for Atlanto-axial Instability been completed?

Not required	
Yes - Positive	
Yes - Negative	

(Positive indicates that the Atlanto-dens interval is 5mm or more)

If the examination was positive for Atlanto-axial Instability, the section below must be completed before the athlete can train or compete in any of the sports or activities highlighted above.

Athletes diagnosed with Atlanto-axial Instability

Certification by Health Practitioner

I have examined the Athlete named in this application who has been diagnosed as having Atlanto-axial Instability.

I certify based on my review of their health information, that despite the diagnosis of Atlanto-axial Instability, this Athlete is not medically precluded from participation in Special Olympics activity.

I further certify that I have explained to the Athlete (and to the parent/guardian/carer whose signature appears below) the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with participation in sports or events which may result in hyperextension, radial flexion or direct pressure on the neck or upper spine.

Any restrictions recommended for the Athlete's participation:

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Name of Health Practitioner	
Signature of Health Practitioner	
Name of medical practice	
Phone	
Date	

Certification of Athlete (over 18 years) – Certification is also required by a parent/guardian/carer

I am the Athlete named in this application and I certify that:

1. I have been informed by the health practitioner named above that I have Atlanto-axial Instability.
2. The risks associated with this condition have been fully explained to me and I understand the possible medical consequences if I participate in sports training or competition.
3. Although I recognise and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, because of my desire to participate in Special Olympics, including any or all of the sports listed above.

Name of Athlete	
Signature of Athlete	
Date	

Certification of Parent/Guardian/Carer

I am the parent, guardian, carer or am otherwise responsible for the Athlete named in this application and I certify that:

1. I have been informed by the health practitioner named above that the athlete named on this form has Atlanto-axial Instability.
2. The risks associated with this condition have been fully explained to me by the health practitioner named above and I understand the possible medical consequences for this athlete if they participate in sports training or competition.
3. Although I recognise and understand the risks and possible medical consequences, I give permission for this athlete to participate in Special Olympics.

Name of Parent/Guardian/Carer	
Signature of Parent/Guardian/Carer	
Relationship to Athlete	
Date	