

Medical Form Information & Instructions

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Updated: 05/19/21

Replaced: 08/01/19

**Special
Olympics**
Illinois



In order to be eligible for participation in Special Olympics, every athlete must have a valid Medical Form **AND** a valid Athlete Consent, Waiver and Release of Liability, Assumption of Risk and Indemnification Form (Consent Form) on file with Special Olympics Illinois (SOILL) prior to the start of training. The link to the Medical Form is www.soill.org/athlete-forms

The link to the Consent Form is www.soill.org/athlete-forms Instructions for completing the Consent Form can be accessed www.soill.org/athlete-forms

The Medical Form is valid for 3 years from the date of examination regardless of the parent/guardian signature date. A Medical Form expires at 11:59pm on the day it is identified as expiring.

An athlete's parent/guardian and/or athlete, if an adult without a guardian, is solely responsible for the accurate completion and timely submission (prior to any relevant deadline) of the Medical Form and Consent Form to SOILL.

Failure of the athlete to have an accurate, fully completed Medical Form and Consent Form on file with SOILL prior to any relevant deadline will result in the athlete being denied participation in SOILL competitions, programs and events. The Medical Form must be valid throughout the completion of the competition, program or event.

SOILL strongly suggests that all athletes update their Medical Forms annually during their annual physicals in order to make certain they are able to participate in all SOILL competitions, programs and events.

Falsification of the Medical Form could result in disciplinary and possible criminal charges.

Out-of-state Special Olympics Medical Forms or Consent Forms will not be accepted for participation with SOILL.

SOILL requires that all Medical Forms, Consent Forms and *Unified Sports Partner Applications* be presented by the established registration deadline for any Region, Sectional or State competition. **All Medical Forms and Unified Sports Partner Applications for the event in question must be valid throughout the completion of that competition. A Medical Form expires at 11:59pm on the day it is identified as expiring.**

Medical Forms, Consent Forms and Unified Sports Partner Applications not on file or in receipt by the specified deadline will not be accepted.

An athlete not entered in/scratched from the event may attend the event as a spectator only. They will not be allowed to serve as an official member of their team's delegation, therefore, housing and meals will be the individual's responsibility.

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As of August 1, 2021, the only Medical Forms that will accepted will be the new Medical Forms dated May, 2021 or August, 2021.

The Special Olympics Athletic Director is required to check an athlete's Medical Form for completeness. **Failure to have a valid Medical Form, Consent Form or Unified Sports Partner Application at the time of the registration deadline will result in the athlete or Unified Partner being denied participation in a competition.**

An individual who participates in the Unified Sports program as a Unified Sports partner must complete and sign the *Unified Sports Partner Application for Participation* Form. The *Unified Sports Partner Application for Participation* is maintained by the SOILL State Office. The submission and validation deadlines and processes for the *Unified Sports Partner Application for Participation* Form follow the same guidelines as those established for Medical Forms. A Unified Partner must also have completed a Class A Volunteer Registration Form, Protective Behaviors and Concussion Awareness trainings and a criminal background check (not applicable to minors).

MEDICAL FORM AND MEDICAL REFERRAL FORM INSTRUCTIONS

The Medical Form must be completely filled in. Not providing all requested information may result in a delay in processing paperwork and affect an athlete's eligibility for upcoming events. **The Medical Referral page does not need to be submitted if athlete is not referred to another doctor for a required follow-up evaluation.**

1. The Region, agency name and information for person completing the form must be filled in.
2. The Athlete Information must be filled in.
 - Gender Identity: SOILL will recognize athletes based on their gender identity for all aspects of their involvement with SOILL including divisioning for sport competition. Those identifying as "Other" will be divisioned in male divisions as is done with Coed and Combined divisions.
 - Ethnicity: SOILL believes it can best live its mission and reach its vision by actively growing, developing, and nurturing an inclusive culture. The ethnicity question that is included in the Medical Form will help us gather racial and ethnic data that will help to contribute to critical conversations related to the development of racial equity. The collection of racial/ethnic data will help SOILL know fully what impact we currently have and how to grow our impact. It will also allow us to view our current strategic approach, to give us awareness of our opportunities to better serve historically marginalized communities. In the past, we had limited insight into the potential positive impact the use of racial analytics could have on how we serve our communities and participants. We now have a deeper understanding of just how important this data is to creating more inclusive and equitable programs. We ask that when completing the census information requested in the provided medical application, you provide SOILL with the racial/ethnic information. Doing this will help us better serve all involved with the organization.

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- Criminal convictions/charges: One of these questions must be answered. Please refer to the Eligibility to Participate policy for details related to this item.
3. Parent/Guardian Information: Please indicate if information is for a parent or guardian.
 4. Information for at least 1 emergency contact must be provided.
 5. Health History (Page 2)
 - Please be as thorough as possible in completing all information.
 - SOILL has updated the medical information to align with current medical practices, provide more complete information for on-site treatment by medical staff and provide more thorough information at MedFest opportunities. The form ultimately creates a clearer picture of the athlete's health history.
 6. Physical Exam (Page 3)
 - Physical Exam Page must be completed, signed and dated by a medical practitioner licensed to administer physicals by the state in which they practice. Contact information for the practitioner must also be provided.
 - It is strongly suggested that the person administering the physical examination possess a background and preparation in giving sports physical examinations and qualifications to administer physical examinations that would not compromise their area of specialty.
 - Spinal Cord Compression & Atlanto-Axial Instability Section - One of the boxes must be marked:
 - If the first box is marked then no further screening is needed.
 - If the second box is marked then athlete requires further medical follow-up and must submit the Medical Referral Form if the follow-up screening clears them for participation.
 - Athlete Clearance to Participate Section – One of the boxes must be marked:
 - If the first box is marked then no further medical screening is required.
 - If the second box is marked then please ensure restrictions are clearly stated. No further medical screening is required but SOILL staff may follow with questions specific to listed restrictions.
 - If the third box is marked then athlete requires further medical follow-up and must submit the Medical Referral Form if the follow-up screening clears them for participation.
 7. Medical Referral Form
 - This form is required only when the third box from Athlete Clearance Section on the Physical Exam Form is marked.
 - Center Box Section
 - If the Yes box is marked then no further medical screening is required and submit this Form with all other pages of the Medical Form.

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- If the Yes but with restrictions box is marked then please ensure restrictions are clearly stated. No further medical screening is required but SOILL staff may follow with questions specific to listed restrictions.
 - If the No box is marked then do not submit the Medical or Medical Referral Forms. No. SOILL cannot accept paperwork until the athlete is able to attain medical clearance from their health care provider.

Submitting and Processing Medical Forms

The Medical Form and Medical Referral Form (if applicable) must be sent to the Region Office who will forward it to the SOILL State Office for review and processing. SOILL will validate the Medical Form. A Medical Form will not be validated until all information is correct and completed.

On a weekly basis, the state office will communicate the names of any athlete who had a Medical Form validated or had medical file updates. Updates will be sent to the Region Director and to the agency's Special Olympics Athletic Director (SOAD) via an emailed online file link.