

ATHLETES WITH DOWN SYNDROME SPECIAL EXAMINATION

Street Address City Zip Code		Policy number PATING IN DESIGNATED
City Zip Code	Insurance co./Medical Assistance SYNDROME PARTICIP	Policy number PATING IN DESIGNATED
	Insurance co./Medical Assistance SYNDROME PARTICIP	Policy number PATING IN DESIGNATED
	SYNDROME PARTICIP	ATING IN DESIGNATED
Phone Number Age Gender Race	SYNDROME PARTICIP	ATING IN DESIGNATED
Artistic Gymnastics Per Butterfly Stroke Per Diving Start Screen Per Diving Screen Per Diving Start Screen Per Diving Sc	Down syndrome who is following activities: udo entathlon owerlifting occer quat Lift nowboarding stress on the head and neck. individuals with Down syn oses individuals with Dowr ally flex the neck or uppe	n syndrome to the possibility r spine. Special Olympics, Ir
requires that any athletes competing in the above listed sports muinclude x-ray views of full extension and flexion of the neck.	ase be examined for enis co	nation. The examination me
PHYSICIAN STATEMENT: On examination of cervical spine x-rays including full flexion and has:	full extension views, I find	that the above named athle
CHECK ONE:		
No evidence of Atlanto-axial Instability		
Positive or equivocal evidence of Atlanto-axial Instability		
SIGNATURE OF PHYSICIAN		DATE
Print Physician's Name & Title		
Street Address Ci	ity Stat	e Zip Code
Telephone Number		

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