

World Dwarf Games 2017 Medical Form (Parts A and B)

A) Pre-Participation Form to be filled out by Parent or Athlete

(MM-DD-YYYY)

Today's Date: - -2017 Athlete Name: _____

Date of Birth: - - Sex: ____ Age: ____ Email: _____

Parent or Guardian Name (if under 18):

Diagnosis (circle): Achondroplasia - Spondyloepiphyseal Dysplasia (SED) -
Hypochondroplasia - Pseudoachondroplasia - Diastrophic Dysplasia - Multiple Epiphyseal
Dysplasia

Other _____

Medications: Please list all of your prescription and over-the-counter medicines _____

Allergies: (Circle) Yes No

If yes, please identify specific allergy (circle) Medicines Pollens Food
Stinging Insects

Hospitalizations/Surgeries: _____

Medical Questions (Circle answer)

- | | | | |
|-----|---|-----|----|
| 1. | Has a doctor ever denied or restricted your participation in sports for any reason? | Yes | No |
| 2. | Do you have any ongoing medical conditions? | Yes | No |
| 3. | Have you ever passed out or nearly passed out DURING or AFTER exercise? | Yes | No |
| 4. | Has a doctor ever ordered a test for your heart? | Yes | No |
| 5. | Do you get lightheaded or feel more short of breath than expected during exercise? | Yes | No |
| 6. | Do you have high blood pressure? | Yes | No |
| 7. | Have you ever had an unexplained seizure? | Yes | No |
| 8. | Do you cough, wheeze, or have difficulty breathing during or after exercise? | Yes | No |
| 9. | Do you have asthma? | Yes | No |
| 10. | Have you ever had a head injury or concussion? | Yes | No |

- | | | |
|---|-----|----|
| 11. Were you born without or are you missing a kidney, spleen or any other organ? | Yes | No |
| 12. Do you have urinary urgency, frequency or incontinence? | Yes | No |
| 13. Do any of your joints become painful, swollen, feel warm or look red? | Yes | No |
| 14. Have you ever had numbness/tingling/weakness in your arms or legs? | Yes | No |

If you answered Yes to any questions, please explain here: _____

B) Pre-participation Physical Examination Form – To Be Completed by a Physician

- Physicians, please fill out this Physical Examination form to confirm that this athlete is in good physical health and is physically cleared to play sports.
- Physicians, please check cervical spine x-rays in flexion/extension for all dwarfs.
- Physicians, dwarfs have a predisposition to atlantoaxial instability. These are required once for an adult athlete. They are required every **three** years in juvenile/adolescent athlete. If there are clinical symptoms to suggest an issue, they will need to be repeated.
- Physicians, we require you check EKG results for competitors over age 40.

Name: _____ Date of Birth: _MM-DD-2017_

Height: _____ Weight: _____ Male: ___ Female: ___ BP: _____ Pulse: _____

Medical	Normal	Abnormal Findings
General Appearance:		
Eyes/Ears/nose/throat		
Lymph nodes		
Heart/Pulses		
Lungs		
Abdomen		
Skin		
Neurologic/Reflexes/Strength		
Back		
Shoulder/arm		
Elbow/arm		
Wrist/hand/fingers		

Lower extremities		
Functional/Gait		
Other		

Special Studies:

Cervical flexion/extension x-rays: _____ EKG (over 40 yrs.):

___ Cleared for all sports without restriction

___ Cleared for all sports without restriction with recommendations for further evaluation or treatment

___ Not cleared (circle) *For any sports* *For certain sports*

Reason: _____

I have examined the above named athlete and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above.

Name of physician: _____

Date: _____

Address: _____

Phone: _____

Signature of physician: _____