

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

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

Today's Date: _____ 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 in DAAA.
- 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: _____

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:
