

World Dwarf Games 2017 Medical Form

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: _____

Pre-participation Physical Examination Form – To Be Filled Out by 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: _____