

2013 World Dwarf Games Medical Evaluation

Pre-participation Physical Evaluation – TO BE FILLED OUT BY ATHLETE/PARENT

Date: _____

Name: _____ Date of Birth: _____

Sex: _____ Age: _____ Parent or Guardian (if under 18): _____

Diagnosis: Achondroplasia Spondyloepiphyseal Dysplasia (SED) Pseudoachondroplasia Diastrophic
Dysplasia Hypochondroplasia Multiple Epiphyseal Dysplasia Other _____

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

Do you have any allergies? Yes No If yes, please identify specific allergy below

Medicines Pollens Food Stinging Insects

Hospitalizations/Surgeries:

Medical Questions:

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, please explain: _____

Pre-participation Physical Examination Form – TO BE FILLED OUT BY PHYSICIAN

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
 - 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: _____

****Cervical spine x-rays in flexion/extension required on all dwarfs except for Achondroplasia. There is 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.**

****EKG required for competitors over age 40**