

These instructions are designed to help you electronically complete the Athlete Online Health History and Release Forms for Registration before you or your athlete go to the doctor for your physical exam. *If you have any trouble or do not have access to the internet, please contact Program Coordinator, Greg Townsend at 812-584-6861.* 

#### DO NOT CLOSE THE INTERNET BROWSER AFTER HITTING SUBMIT, THIS WILL MAKE THE RECORD INVALID. KEEP FOLLOWING THE PROMPTS TO SIGN ELECTRONICALLY VIA DOCUSIGN.

Before Getting Started	What you need to complete your Health History: Athlete's Name Athlete's Date of Birth An Active Email Insurance Information Allergies Dietary Issues Use of Assistive Devices List of All Sports Participating in Past Surgeries, Infections, Vaccines Epilepsy or Seizure History Mental Health Family History Diagnoses History Neurological Symptoms (Atlanto-axial Instability) Medications (Dose and times per day) Vitamins (Dose and times per day)	An athlete's Online Health History and Release Forms for Registration must be completed prior to any participation. The completed, physician signed and dated athlete's Medical Form – Physical Exam must also be received prior to any participation. Effective January 1, 2022, the Games Management System (GMS) will not allow an athlete to be registered for an Area/State Competition without these two items completed and on file.
STEP 1	<ul> <li>a) Go to <u>https://medform.specialolympics.org</u></li> <li>b) Select "United States."</li> <li>c) Read the instructions and select "START"</li> <li>d) State Program = "INDIANA"</li> <li>e) Local/Area/Delegation = "Ripley-Ohio-Dearborn"</li> </ul> NOTE: You can't save and return to the form so please be prepared to answer all the health history questions. If you are familiar with the medical history of the athlete, it should only take 15-20 minutes to complete.	<image/> <image/> <image/>



STEP 2	<ul> <li>a) Complete the registration and medical fields, as prompted. Required fields are marked with *</li> <li>b) Click "CONTINUE" to move to next page</li> </ul>
	TIP: If you do not understand a question, click the button to get more information and a description.       Image: Current Health Status         At the top of the screen, you can see where you are in the process of the information to be submitted.       Image: Current Health Status
STEP 3	<ul> <li>a) On the last page, enter contact information for the person completing the form and who will be the one signing the release forms on the next step.</li> <li>This person is the individual who will also receive a copy of the completed health history and signed release form.</li> <li>They should be legally able to sign forms on behalf of the athlete.</li> <li>b) Check the Acknowledgement Box at the bottom.</li> <li>c) Click "SUBMIT": (A new screen will open)</li> <li>THIS IS NOT THE LAST STEP! MOVE ON TO STEP 4. IF CLOSED HERE, THE RECORD WILL NOT BE VALID.</li> </ul>
STEP 4	<ul> <li>You will be taken directly to DocuSign to review and sign your forms.</li> <li>If prompted, check the "I AGREE" again and then click the "CONTINUE" button.</li> <li>If you do not want to continue with the electronic signature process you can select another option (e.g. print and sign) under "OTHER ACTIONS"</li> </ul>



STEP 5	1. Select "START"
	2. This will allow you to review and make any
	changes/corrections before signing.
	Construction to Construction Action A
	(To be <u>completed by the ablete or parent/pa</u>
	Athlete First & Last Name Ruzzy Hive Protorod Name
	Athlate Rate of Rick Investigations, UTUT/1995
STED 6	And then sign the release forms. There are two places
SIEPO	you will be asked to sign/initial:
	Press Palse, Person identiation may be used and when constant with the form and as latter explaned in the
	1 Athlete Release Form
	Athlete Likenesse form     Device the set could be set to be form.     Device the set of could be set to be form.     Device the set of could be set to be form.     Device the set of could be set to be form.
	2. Attrilete Likeness form
	Prent/Guerlan Egrature: Date: Printel Name: Relationship:
	Once all the lines are signed, click "FINISH"
	NOTE: The Finish button will not appear if a required field has not
	been completed.
	By making Radar at Bige, how the sequence of the sequence of the sequence of the sectors representation of the graphics and in the large sequence of the sectors is an experimental or the graphics and the large sequence of the sectors is an experimental or the sectors is an experimenta or the sectors is an exper
	TIP: The first time you sign you will be asked to
	adopt the signature.
	If the urone cigneture line is showing up, so to page E of the
	If the winning signature line is showing up, go to page 5 of the Piesse review the documents below.
	"NO" or "VES" as appropriate. This will change the signature
	line to the parent/augrdian or athlete section accordingly
	You will need to change the name
	Ruzzy
	Athlete First & Last Name Protocol Name



STEP 7	All completed forms will be sent to the email indicated on the final page of the submission	Buzzy Hive's Athlete Registration - Part 1 - Next Steps Below
		DocuSign System <dse_na2@docusign.net></dse_na2@docusign.net>
	a) Open the email you received from Docusign,	(1) If there are problems with how this message is displayed, click here to view it in a web browser. Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of : pictures in this message.
	click on the red "VIEW FORMS" button.	
	b) Select the " <b>PRINT</b> " or " <b>DOWNLOAD</b> " icon at	
	the top of the page to print or download a	XI Reh
	copy of the form.	
	c) Print Pages 1-4 and take the Athlete Health	To get a copy of your forms to take to your doctor, click below:
	History and blank Medical Form – Physical	
	Exam to a licensed medical examiner for your	VIEW FORMS
	physical exam and signature.	
	d) Mail completed, signed and dated copy of	Thank you for submitting your Athlete Registration, Health History, and Release forms for Special Olympics. But you're not done yet. All athletes must be examined by a licensed medical professional and have nage 3 of their Medical Earm.
	ATHLETE MEDICAL FORM-PHYSICAL EXAMITO:	completed and signed, indicating they are cleared to participate in Special Olympics. If necessary, the medical professional will require the athlete to undergo
	Special Olympics Indiana	further examination by a specialist. In those cases, Page 4 of the Medical Form must also be signed
	A20 Monshester Street	What you need to do next:
		<ul> <li>If you are going to your own healthcare professional to have the exam done, you should print the forms included at the link above and take them to your</li> </ul>
	Aurora, IN 47001	
	When signed electronically, the health history and	<u>×</u>
	release forms will automatically be sent to Special	Q. C. 🔽 🖶 🤊
	Olympics Indiana	
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	However, until the MEDICAL FORM – PHYSICAL EXAM	
	signed and dated by a healthcare professional is	
	received by Special Olympics Indiana – Ripley Ohio	
	Dearborn Counties, you/your athlete are/is not	
	registered for Special Olympics Indiana.	