

# How to Complete the Online Health History and Release Forms for Registration

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:

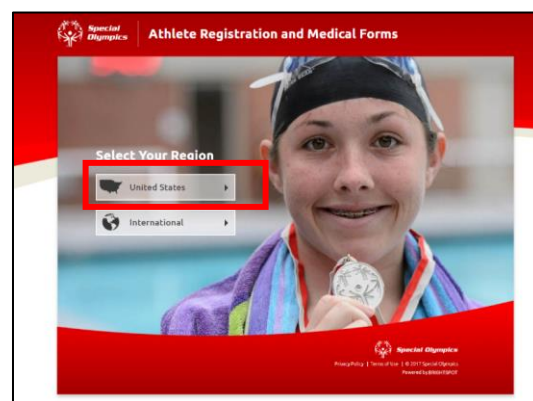
Athlete's Name  
Athlete's Date of Birth  
An Active Email  
Insurance Information  
Allergies  
Dietary Issues  
Use of Assistive Devices  
List of All Sports Participating in  
Past Surgeries, Infections, Vaccines  
Epilepsy or Seizure History  
Mental Health  
Family History  
Diagnoses History  
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

- Go to <https://medform.specialolympics.org>
- Select "United States."
- Read the instructions and select **"START"**
- State Program = "INDIANA"
- Local/Area/Delegation = "Ripley-Ohio-Dearborn"


**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.



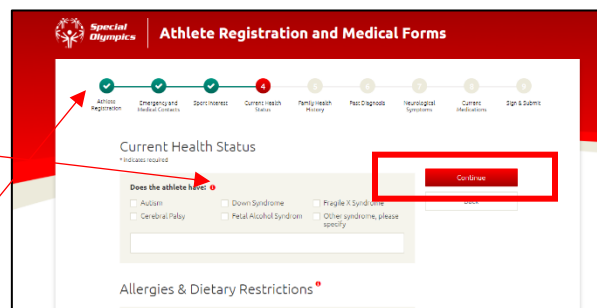
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## STEP 2

- Complete the registration and medical fields, as prompted. Required fields are marked with \*
- Click **"CONTINUE"** to move to next page

**TIP:** If you do not understand a question, click the  button to get more information and a description.

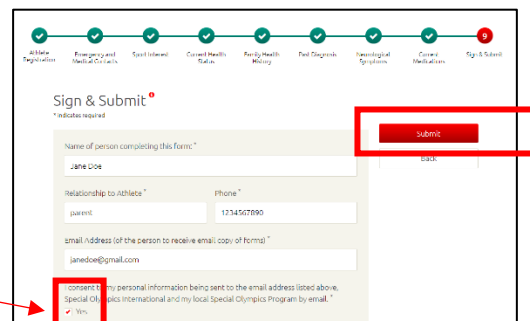
At the top of the screen, you can see where you are in the process of the information to be submitted.



## STEP 3

- 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.
  - This person is the individual who will also receive a copy of the completed health history and signed release form.
  - They should be legally able to sign forms on behalf of the athlete.
- Check the Acknowledgement Box at the bottom.
- Click **"SUBMIT"**: (A new screen will open)

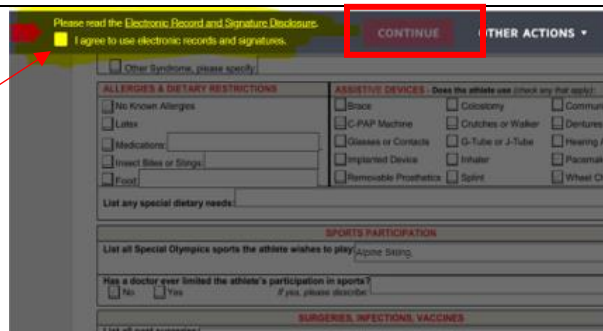
**THIS IS NOT THE LAST STEP! MOVE ON TO STEP 4. IF CLOSED HERE, THE RECORD WILL NOT BE VALID.**



## STEP 4

You will be taken directly to DocuSign to review and sign your forms.

- If prompted, check the **"I AGREE"** again and then click the **"CONTINUE"** button.
- 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"**



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## STEP 5

1. Select **"START"**
2. This will allow you to review and make any changes/corrections before signing.



## STEP 6

And then sign the release forms. There are two places you will be asked to sign/initial:

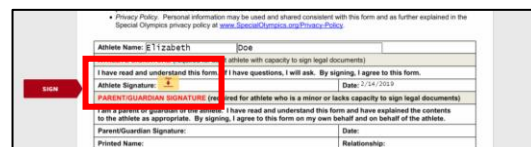
1. Athlete Release Form
2. Athlete Likeness form

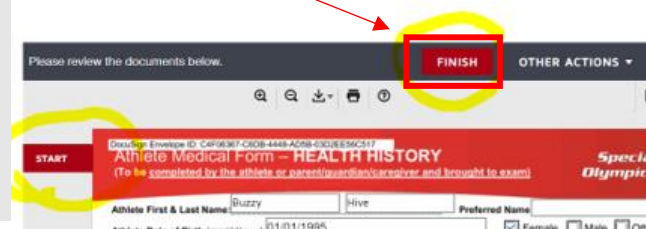
Once all the lines are signed, click **"FINISH"**

**NOTE:** The Finish button will not appear if a required field has not been completed.

**TIP:** The first time you sign you will be asked to adopt the signature.

*If the wrong signature line is showing up, go to page 5 of the document and change the "Athlete Ability to Consent" to "NO" or "YES" as appropriate. This will change the signature line to the parent/guardian or athlete section accordingly. You will need to change the name.*





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## STEP 7

All completed forms will be sent to the email indicated on the final page of the submission.

- Open the email you received from DocuSign, click on the red **"VIEW FORMS"** button.
- Select the **"PRINT"** or **"DOWNLOAD"** icon at the top of the page to print or download a copy of the form.
- Print Pages 1-4 and take the Athlete Health History and blank Medical Form – Physical Exam to a licensed medical examiner for your physical exam and signature.
- Mail completed, signed and dated copy of ATHLETE MEDICAL FORM-PHYSICAL EXAM to:  
**Special Olympics Indiana  
Ripley Ohio Dearborn Counties  
429 Manchester Street  
Aurora, IN 47001**

When signed electronically, the health history and release forms will automatically be sent to Special Olympics Indiana.

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.

Buzzy Hive's Athlete Registration - Part 1 - Next Steps Below

