運動員醫療表-健康醫療史
(由運動員或家長/監護人/醫護人員填寫)

運動員 姓名:______ 運動員 中間名:______

運動員生日 (日/月/年(西元)):______ ☐女性 ☐男性

國家:______ **Email:**______

ASSOCIATED CONDITIONS - Does the athlete have *(check any that apply)*:

☐ Autism 自閉症 ☐ Down Syndrome唐氏症 ☐ Fragile X Syndrome X染色體脆折症
☐ Cerebral Palsy腦性麻痺 ☐ Fetal Alcohol Syndrome胎兒酒精綜合症
☐ Other Syndrome, please specify其他症狀，請註明:

過敏和飲食限制

☐ No Known Allergies無已知過敏
☐ Latex乳膠
☐ Medications藥物:______
☐ Insect Bites or Stings蚊蟲叮咬 蜇咬:______
☐ Food食物:

輔具需求 - Does the athlete use *(check any that apply)*:

☐ Brace背架、支撐	☐ Colostomy造口	☐ 溝通輔具
☐ C-PAP Machine呼吸器	☐ 助行器	☐ Dentures假牙
☐ Glasses or Contacts	☐ G-Tube or J-Tube	☐ Hearing Aid助聽器
☐ Implanted Device電子耳等植入性設備	☐ Inhaler吸入器	☐ Pacemaker節律器
☐ 可卸式義肢	☐ Splint復木輔具	☐ Wheel Chair輪椅

List any special dietary needs任何特殊飲食需求:

SPORTS PARTICIPATION體育參與

List all Special Olympics sports the athlete wishes to play:列出運動員想參加的所有特奧運動

Has a doctor ever limited the athlete's participation in sports?是否曾有過醫生禁止的運動項目
☐ No ☐ Yes *If yes, please describe:*

SURGERIES, INFECTIONS, VACCINE手術、感染、疫苗

List all past surgeries過去所有的手術紀錄:

Does the athlete currently have any chronic or acute infection?運動員是否有過任何慢性或急性感染
☐ No ☐ Yes *If yes, please describe:*

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)是否有過異常心電圖? *If yes, describe date*
☐ Yes, had abnormal EKG
☐ Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years過去七年內是否打過破傷風? ☐ No ☐ Yes

癲癇或癲癇病史

有無癲癇 ☐ No ☐ Yes
如果有，請列出類型：:
如果有，過去一年是否有發生癲癇? ☐ No ☐ Yes

MENTAL HEALTH心理健康

過去有無自傷行為	☐ No	☐ Yes	憂鬱症/抑鬱症(確診)	☐ No	☐ Yes
過去有無攻擊行為	☐ No	☐ Yes	焦慮症(確診)	☐ No	☐ Yes

Describe any additional mental health concerns:

FAMILY HISTORY家族病史

是否有親屬**50**歲以下因心臟相關疾病死亡? ☐ No ☐ Yes
是否有家庭成員在運動訓練中死亡? ☐ No ☐ Yes
列出運動員所有家庭成員重大醫療史:

運動員醫療表-健康醫療史

(由運動員或家長/監護人/醫護人員填寫)

運動員姓名:______________________________________

HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS過去疾病史

Condition	No	Yes	Condition	No	Yes	Condition	No	Yes
Loss of Consciousness 失去意識	☐ No	☐ Yes	High blood pressure高血壓	☐ No	☐ Yes	Stroke/TIA腦缺血	☐ No	☐ Yes
Dizziness during or after exercise運動中後頭暈	☐ No	☐ Yes	High cholesterol高膽固醇	☐ No	☐ Yes	Concussions腦震盪	☐ No	☐ Yes
Headache during or after exercise運動中後頭痛	☐ No	☐ Yes	Vision impairment視覺障礙	☐ No	☐ Yes	Asthma氣喘	☐ No	☐ Yes
Chest pain during or after exercise鍛鍊中後胸痛	☐ No	☐ Yes	Hearing impairment聽力受損	☐ No	☐ Yes	Diabetes糖尿病	☐ No	☐ Yes
運動過程中、後呼吸急促	☐ No	☐ Yes	Enlarged Spleen脾大	☐ No	☐ Yes	Hepatitis肝炎	☐ No	☐ Yes
不規則、異常心跳顫動	☐ No	☐ Yes	Single Kidney單腎	☐ No	☐ Yes	Urinary Discomfort泌尿道感染	☐ No	☐ Yes
Congenital Heart Defect先天性心臟缺陷	☐ No	☐ Yes	Osteoporosis骨質疏鬆	☐ No	☐ Yes	Spina Bifida脊柱裂	☐ No	☐ Yes
Heart Attack 心臟疾病	☐ No	☐ Yes	Osteopenia骨質缺乏	☐ No	☐ Yes	Arthritis關節炎	☐ No	☐ Yes
Cardiomyopathy心肌疾病	☐ No	☐ Yes	Sickle Cell Disease鐮刀型紅血球疾病	☐ No	☐ Yes	Heat Illness熱衰竭	☐ No	☐ Yes
Heart Valve Disease心臟瓣膜疾病	☐ No	☐ Yes	Sickle Cell Trait鐮刀型紅血球特性	☐ No	☐ Yes	Broken Bones骨折	☐ No	☐ Yes
Heart Murmur心臟雜音	☐ No	☐ Yes	Easy Bleeding容易出血	☐ No	☐ Yes	Dislocated Joints關節脫臼	☐ No	☐ Yes
Endocarditis心內膜炎	☐ No	☐ Yes						

If female athlete, list date of last menstrual period: 最近一次生理期日期____

是否有骨折或脫臼，如果有請註明部位
(if yes is checked for either of those fields above):

List any other ongoing or past medical conditions:列出過去或現在運動員醫療狀況

Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability脊隨壓迫及寰樞關節脫位而引起的疾病

Symptom	No	Yes	Follow-up	No	Yes
Difficulty controlling bowels or bladder腸道或膀胱控制困難	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?* *如果有，近三年是否有更嚴重或進一步的影響？*	☐ No	☐ Yes
Numbness or tingling in legs, arms, hands or feet 四肢麻或刺痛	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?*	☐ No	☐ Yes
Weakness in legs, arms, hands or feet 四肢無力	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?*	☐ No	☐ Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet神經根型頸椎影響四肢 刺痛、燃燒感	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?*	☐ No	☐ Yes
Head Tilt 頭傾斜	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?*	☐ No	☐ Yes
Spasticity 痙攣	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?*	☐ No	☐ Yes
Paralysis 癱瘓 麻痺	☐ No	☐ Yes	*If yes, is this new or worse in the past 3 years?*	☐ No	☐ Yes

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW列出使用的藥物、維他命、膳食補充劑

(includes inhalers, birth control or hormone therapy包含吸入劑、避孕藥物、激素)

Medication, Vitamin or Supplement Name藥物名稱	*Dosage 劑量*	*Times per Day 每日使用時間*	*Medication, Vitamin or Supplement Name*	*Dosage*	*Times per Day*	*Medication, Vitamin or Supplement Name*	*Dosage*	*Times per Day*

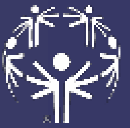
Is the athlete able to administer his or her own medications? ☐ No ☐ Yes

運動員是否能自己使用藥物？

Name of Person Completing this Form	**Relationship to Athlete**	**Phone**	**Email**

運動員醫療表格 – 身體健康檢查

(需具備醫療執照、開藥資格人員填寫)



Athlete's First and Last Name 運動員姓名:____________________________________

MEDICAL PHYSICAL INFORMATION醫療資訊

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)須具備醫療執照者填寫

Height 身高	Weight 體重	BMI (optional)	Temperature 體溫	Pulse 心跳脈搏	O2Sat 血氧	Blood Pressure (in mmHg) 血壓		Vision 視力
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better ☐ No ☐ Yes ☐ N/A
in	lbs	Body Fat %	F					Left Vision 20/40 or better ☐ No ☐ Yes ☐ N/A

Item				
Right Hearing (Finger Rub)右聽力(彈指)	☐ Responds	☐ No Response	☐ Can't Evaluate	
Left Hearing (Finger Rub) 右聽力(彈指)	☐ Responds	☐ No Response	☐ Can't Evaluate	
Right Ear Canal 右耳道	☐ Clear	☐ Cerumen	☐ Foreign Body	
Left Ear Canal 左耳道	☐ Clear	☐ Cerumen	☐ Foreign Body	
Right Tympanic Membrane 右耳鼓膜	☐ Clear	☐ Perforation	☐ Infection	☐ NA
Left Tympanic Membrane左耳鼓膜	☐ Clear	☐ Perforation	☐ Infection	☐ NA
Oral Hygiene 口腔衛生	☐ Good	☐ Fair	☐ Poor	
Thyroid Enlargement甲狀腺腫大	☐ No	☐ Yes		
Lymph Node Enlargement淋巴腺腫大	☐ No	☐ Yes		
Heart Murmur (supine) 心臟雜音(仰臥)	☐ No	☐ 1/6 or 2/6	☐ 3/6 or greater	
Heart Murmur (upright) 心臟雜音(直立)	☐ No	☐ 1/6 or 2/6	☐ 3/6 or greater	
Heart Rhythm心律跳動	☐ Regular	☐ Irregular		
Lungs肺部	☐ Clear	☐ Not clear		
Right Leg Edema右腿水腫	☐ No	☐ 1+	☐ 2+	☐ 3+ ☐ 4+
Left Leg Edema左腿水腫	☐ No	☐ 1+	☐ 2+	☐ 3+ ☐ 4+
Radial Pulse Symmetry脈搏	☐ Yes	☐ R>L	☐ L>R	
Cyanosis 發紺	☐ No	☐ Yes, describe		
Clubbing杵狀指	☐ No	☐ Yes, describe		

Item				
Bowel Sounds 腸蠕音	☐ Yes	☐ No		
Hepatomegaly 肝腫大	☐ No	☐ Yes		
Splenomegaly 脾腫大	☐ No	☐ Yes		
Abdominal Tenderness 脾腫大	☐ No	☐ RUQ	☐ RLQ	☐ LUQ ☐ LLQ
Kidney Tenderness 腹部疼痛測試	☐ No	☐ Right	☐ Left	
Right upper extremity reflex右上肢反射	☐ Normal	☐ Diminished	☐ Hyperreflexia	
Left upper extremity reflex左上肢反射	☐ Normal	☐ Diminished	☐ Hyperreflexia	
Right lower extremity reflex右下肢反射	☐ Normal	☐ Diminished	☐ Hyperreflexia	
Left lower extremity reflex左下肢反射	☐ Normal	☐ Diminished	☐ Hyperreflexia	
Abnormal Gait 步態異常	☐ No	☐ Yes, describe below		
Spasticity 痙攣	☐ No	☐ Yes, describe below		
Tremor 顫抖	☐ No	☐ Yes, describe below		
Neck & Back Mobility頸部背部轉動狀況	☐ Full	☐ Not full, describe below		
Upper Extremity Mobility上肢轉動狀況	☐ Full	☐ Not full, describe below		
Lower Extremity Mobility下肢轉動狀況	☐ Full	☐ Not full, describe below		
Upper Extremity Strength 上肢力量	☐ Full	☐ Not full, describe below		
Lower Extremity Strength 下肢力量	☐ Full	☐ Not full, describe below		
Loss of Sensitivity 失覺	☐ No	☐ Yes, describe below		

SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) *(Select one)* 脊髓壓關及寰樞椎關節不穩定(擇一)

☐ 無此症狀**Athlete shows NO EVIDENCE of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.**

OR

☐ 有**Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.**

ATHLETE CLEARANCE TO PARTICIPATE (*TO BE COMPLETED BY EXAMINER ONLY*)此欄僅能由檢驗人員填寫

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

☐ **This athlete is ABLE to participate in Special Olympics sports without restrictions.**運動員可參加任何特奧運動項目

☐ **This athlete is ABLE to participate in Special Olympics sports WITH restrictions. Describe →** 運動員僅可參加下列項目特奧運動__________

☐ **This athlete MAY NOT participate in Special Olympics sports at this time & MUST be further evaluated by a physician for the following concerns:**
運動員目前情況無法參加特奧運動，需再進一步進行下列醫療檢測

- ☐ Concerning Cardiac Exam
- ☐ Concerning Neurological Exam
- ☐ Other, please describe:
- ☐ Acute Infection
- ☐ Stage II Hypertension or Greater
- ☐ O_2 Saturation Less than 90% on Room Air
- ☐ Hepatomegaly or Splenomegaly

Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:其他醫療轉診建議，非必要填寫

- ☐ Follow up with a cardiologist 心臟病科
- ☐ Follow up with a vision specialist視覺師
- ☐ Follow up with a podiatrist足科醫師
- ☐ Follow up with a neurologist神經科
- ☐ Follow up with a hearing specialist聽力師
- ☐ Follow up with a physical therapist物理治療師
- ☐ Follow up with a primary care physician初級保健醫師
- ☐ Follow up with a dentist or dental hygienist牙科醫師
- ☐ Follow up with a nutritionist營養師
- ☐ Other/Exam Notes: 其他科

Signature of Licensed Medical Examiner醫師/檢測單位簽名欄 Exam Date	Name: E-mail: Phone: License #: