



## Special Olympics GB - Health & Safety Information Form & Promise

All **Athletes**, **Unified Partners** and **Volunteers** must complete this form BEFORE attending/ participating in any Special Olympics GB training or competition activity.

If you require help to fill in this form, please ask your club, parent, carer or guardian to help you.

**Please return this completed form to the Special Olympics GB accredited programme you are registered with and contact [membership@sogb.org.uk](mailto:membership@sogb.org.uk) for any questions or additional info.**

### About me



My name is:

Date of Birth:

Gender:

Address:

I am a:

☐ REGISTERED ATHLETE

☐ PARTICIPANT

☐ VOLUNTEER

☐ OTHER (Please specify: .....)



My membership Number is (if known/ applicable):

My programme/ club name:

About my parent/carer/guardian (if applicable)



Their name is:



Their telephone number is:



Their email address is:

### Declaration:

I know that before/ when I take part in Special Olympics GB activity of any kind, they will ask me questions about my health, including information about COVID-19. I will answer truthfully and participate fully so that everyone can stay safe. I therefore confirm I have read and understood the Special Olympics GB standards for health and safety and will follow these guidelines in hand with the Special Olympics GB Code of Conduct applicable to me.

(please sign/ date & check box)

**Signature:**

**Date:**

  
**Yes - ☐**

  
**No - ☐**



## **Health Information**

### **GP (Doctor) Information**

- Doctor Name:
- Name & Address of Practice:
- Telephone:

<b>Important Questions about your Health</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
1. Do you have heart disease, a heart defect or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you suffer from chest pain on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any history of sudden cardiac death under the age of 40 within the close family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had concussion or a serious head injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any neurological symptoms such as numbness, tingling, loss of feeling, abnormal sensations, weakness, muscle wasting or newly experienced co-ordination problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you have answered **NO** to all the questions above you can start to train with Special Olympics. Please now complete the health information questions on pages 3 and 4 of this form. Your GP does not need to complete pages 3 and 4. Once completed this form will be retained by your Club.
- If you have answered **YES or UNKNOWN** to any of the questions above, please make an appointment to see your GP and ask them to complete the information on page 3. You should then give pages 1 and 2 to the Special Olympics GB accredited programme that you are currently (or soon to be) registered with. They will forward a copy to the Special Olympics GB Medical Office, who will then review the information supplied. If there are any restrictions placed on your participation in Special Olympics activity, the Club will be notified. In the meantime you **may not** participate in any Special Olympics sports coaching and competition. Any costs related with visiting your GP are the responsibility of the individual concerned.



## **Medical Attestation – Special Olympics GB Activity (IF APPLICABLE)**

Dear Doctor,

Thank you for seeing this individual. They, or a representative of theirs, has answered “yes” to one of the five “Important Questions about your Health” as part of the Special Olympics Great Britain Health and Information Form (see pages 1-3). To enable the individual to participate in Special Olympics GB sports activities we need to be certain of the cause of these symptoms and that it is **safe for them to take part**.

If the symptoms and their cause or diagnosis are known to you from the individuals medical records, we would be grateful if you would note the cause(s) and diagnose(s) below.

If the symptoms and their cause are **not** known to you then we would be grateful if you would consider referral.

If the individual has reported that they are experiencing neurological symptoms, please would you consider referral to a neurological specialist opinion to determine the cause of the symptom(s). If you are referring the individual for a neurological specialist opinion, we would be grateful if you would state this below. If you are **not** referring the individual for a neurological specialist opinion we would be grateful if you would state this below.

<b>Question number from “Important Questions about your Health”</b>	<b>Cause or Diagnosis (if not known please state)</b>	<b>Referral made to specialist? (Yes or No)</b>
1		
2		
3		
4		
5		

**DOCTOR NAME:** .....

**DOCTOR PRACTICE ADDRESS:**

.....

.....

.....

**DOCTOR TELEPHONE:** .....

Surgey stamp

**DOCTOR SIGNATURE:**



## **Additional Questions about your Health**

<b>Question</b>	<b>YES*</b>	<b>NO</b>
6. Have you had any treatment at the doctor or hospital within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have seizures, epilepsy or fainting spells?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had major surgery or a serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had heat stroke or exhaustion?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a Visual Impairment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a Hearing Impairment?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have bone or joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have any medicine allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any insect or bites allergies?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have any other allergies?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have any special dietary needs?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you received both doses of the COVID-19 Vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
20(a). IF NO – are you medically exempt for the COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you understood & adopted the Special Olympics GB COVID-19 rules and procedures?	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

	Yes*	No
22. Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
23(a). IF YES – Has there been changes to your pre-existing conditions or prescribed medication as a result of COVID-19? (Leave blank if N/A)	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]



## Member Promise



I will **NOT** attend any Special Olympics GB training, activity, competition or event if I am feeling physically unwell and/or showing any cold or flu-like symptoms.



I will **NOT** attend any Special Olympics GB training, activity, competition or event if I have **cold/flu-like symptoms and/or tested POSITIVE FOR COVID-19** by Lateral Flow Device Test or PCR until I have waited a minimum of **10 DAYS** before returning after my symptoms began/ tested positive, and am now feeling well and showing no symptoms. I understand this may mean I have to miss some sessions/events for the safety of myself and of others and I will communicate this wherever necessary.



I will practice good hygiene at all times by **washing my hands regularly**, keeping my **distance** wherever possible/ **limit close contact**, keep spaces as **ventilated** as possible, **clean equipment** regularly and where possible **avoid sharing** (water bottles or food) with others.



I will **look after my fellow athletes, volunteers and participants** when training and **ask for help** when it is needed.



I will follow **UK GOVERNMENT GUIDELINES** for COVID-19 as a minimum and make sure I keep **up to date** with any changes in all health & safety information provided.

This form must be signed by the athlete unless they are under 18 years of age. **If this page is not signed by an individual of 18 years of age or over the form is not valid.** For individuals less than 18 years of age, the form must be signed by their parent, carer or legal guardian. The person signing this form certifies that the information is correct at the time of completion.

Signed: \_\_\_\_\_

Print Name:

Date:

If you are the parent or legal guardian of an athlete under 18 years of age and are signing the form on their behalf please state your relationship to the athlete:



## **IMPORTANT INFORMATION:**

As the health status of any individual may change over time, Special Olympics Great Britain recommends that all registered individuals have regular medical examinations conducted by a Doctor to assess whether there is any medical reason why they should not participate in their chosen sport(s).

Individuals must inform their relevant Coaches and Eligibility Officers if there is any change to their health status, especially the 5 “Important Questions about your Health”. It is the Club’s responsibility to ensure a new Health & Information Form is completed if this happens.

Health & Information Forms should be kept with the Club who delivers sports coaching sessions. The forms should be made available at every coaching session and / or competition event by the Head Coach in case information is immediately required on any individual, whether for contact, medical or health reasons, either as part of an emergency or general enquiry. If the individual plans to participate in multiple coaching sessions, a copy should be made available at each session. Please note that a separate Health / Medical Form will be required if any individual applies to attend a Special Olympics event abroad. This is ensure the relevant Games Organising Committee have up to date details on each individual’s health status.

The information given in this form will be kept by relevant parties in accordance with the Data Protection Act. Special Olympics GB may, from time to time, make this information available to a third party to enable the athlete to participate in training and competitions or in the interests of the health and safety of the athlete. Such a third party would be either an international Special Olympics programme, or an organisation endorsed by and authorised to act on behalf of Special Olympics GB.

As per the Special Olympics GB Registration forms, by registering as a member of Special Olympics GB you are confirming that you are **physically and mentally able to participate in Special Olympics activities in a safe and appropriate way** which causes **no harm to oneself or to others** to the best of your knowledge and belief. You understand that where advised, you have undertaken **medical examination** including checks on symptoms of adverse neurological effects (including those that could result from spinal cord compression or symptomatic AAI with a **licensed physician who has certified** that there is no **medical evidence which would preclude or render inadvisable your participation in any Special Olympics activity of any kind**. In addition, you understand that Special Olympics GB recommends that you have **regular health screenings conducted by a licensed GP/ physician** and keep up to date with the most recent and up to date regulations, procedures and rules regarding health, including that of COVID-19.