

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:

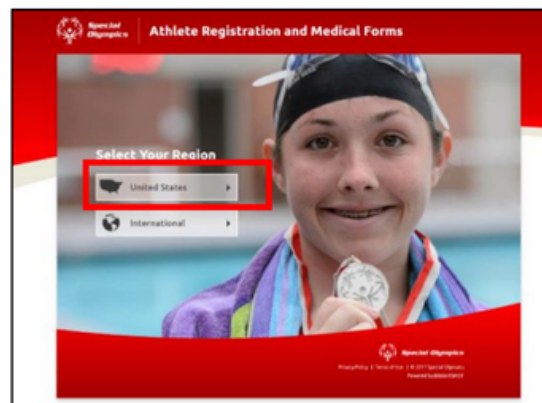
Athlete's Name
Athlete's Date of Birth
An Active Email
Insurance Information
Allergies
Dietary Issues
Use of Assistive Devices
List of All Sports Participating in
Past Surgeries, Infections, Vaccines
Epilepsy or Seizure History
Mental Health
Family History
Diagnoses History
Neurological Symptoms (Atlanto-axial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



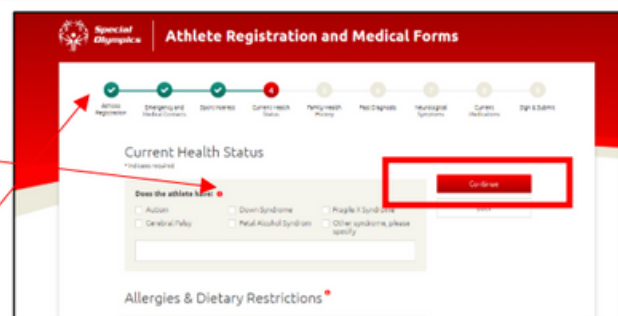
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STEP 2

- 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.

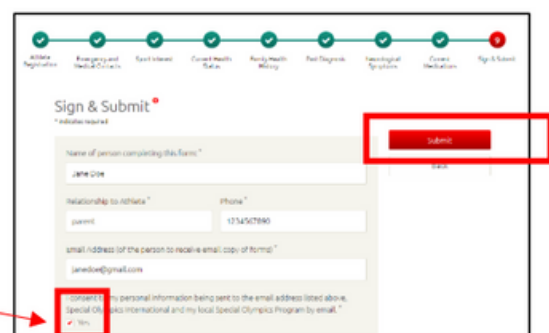
At the top of the screen, you can see where you are in the process of the information to be submitted.



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)

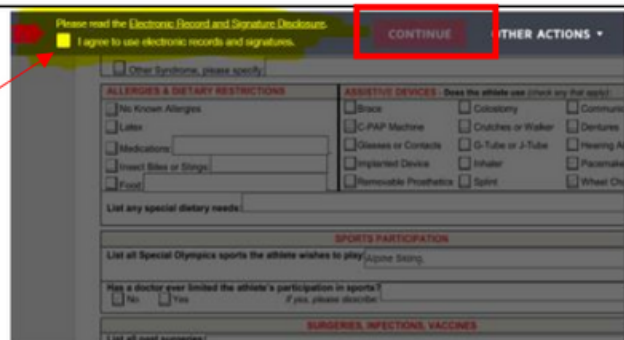
THIS IS NOT THE LAST STEP! MOVE ON TO STEP 4. IF CLOSED HERE, THE RECORD WILL NOT BE VALID.



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.



Please review the documents below.

START **FINISH** OTHER ACTIONS ▾

Online ID: C6F0B07-AC0B-444B-A0B8-6305E59C5127
ATHLETE MEDICAL FORM – HEALTH HISTORY
 (To be completed by the athlete or parent/guardian/caregiver and brought to exam)

Athlete First & Last Name: Buzzy Hivie Preferred Name:
 Athlete Date of Birth: 01/01/1995 ☒ Female ☐ Male ☐ Other

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.



Athlete Name: Elizabeth Doe
 Athlete with capacity to sign legal documents: ☒ Yes ☐ No
 I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.
 Athlete Signature:  Date: 1/14/2020
 I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.
 Parent/Guardian Signature:  Date:
 Printed Name: Relationship:



PREVIEW
 Digitally signed by:  DN:
 By indicating Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I am participating in the program.
 ADOPT AND SIGN CANCEL



Please review the documents below.

START **FINISH** OTHER ACTIONS ▾

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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

DS DocuSign System <dse_na2@docuSign.net>
To: Cathy Eltinga

ⓘ 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.

