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



If you are a Special Olympics New Jersey athlete or the parent/guardian/caregiver of a Special Olympics New Jersey Athlete, these instructions are designed to help you electronically complete the Registration and Release forms as well as the Health History portion of the medical form before you attend a MedFest or go to your own doctor for the medical exam. There are eight (8) easy steps. If you have any trouble, please contact Amelia Hamilton at <u>ARH@sonj.org</u>.

| STEP 1 | a) Go to <a href="https://medform.specialolympics.org">https://medform.specialolympics.org</a>  | Athlete Registration and Medical Forms   |
|--------|---|--|
|        | b) Select "United States."  | Select Your Region   |
|        | c) Read the instructions on the next page and select<br>"Start"   | United States  |
|        | <b>NOTE:</b> 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 5-10 minutes to complete.   | Restance of the second se   |
| STEP 2 | a) Complete the registration and medical fields, as   | Special Synchronic Athlete Registration and Medical Forms  |
|        | prompted. Required fields are marked with *<br>b) Click "Continue" to move to next page   | Altimit Designed at the factor of the second at the second |
|        | <b>TIP:</b> If you do not understand a question, click the <sup>9</sup> button to get more information and a description  | Conforme   |
|        | At the top of the screen you can see where you are in<br>the process of the information to be submitted.  | Allergies & Dietary Restrictions <sup>•</sup>  |
| 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. <ul> <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> </ul> </li> <li>b) Please be sure the check the acknowledgement at the bottom.</li> </ul> | Open Control       Open Control <th< th=""></th<>  |
| 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>   |  |

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| STEP 5        | Review the pages and make any necessary corrections.  |   |
|---------------|---|---|
|               | And then sign the release forms. There are two places   |   |
|               | you will be asked to sign/initial:  | Provider Provider and Prov |
|               | 1. Athlete Release Form   | Interest and understand this form         Thang equations, for a large part double(min)           Anter Equation         Thang equations, for a large part double(min)           Anter Equation         Thang equations, for a large part double(min)           Date: Total and the second of the large part of the large pa  |
|               | 2. Athlete Likeness form (OPTIONAL)   | Printed Name: Relationship:   |
|               | Once all the lines are signed, click "Finish"<br>NOTE: The Finish button will not appear if a required field has not<br>been completed.   | BookedSigned by:     Def     Def  |
|               | <b>TIP:</b> The first time you sign you will be asked to adopt the signature.   | 60_W_MedicalForm_Final_Unteractive/2_totic pet       Done! Click Finish to send the completed document.   FINISH OTHER ACTIONS •  |
|               | If the wrong signature line is showing up, go to page 5 of th<br>document and change the "Athlete Ability to Consent" to<br>"NO" or "YES" as appropriate. This will change the signatur<br>line to the parent/guardian or athlete section accordingly.<br>You will need to change the name. |   |
| STEP 6        | All complete forms should have been sent to the email   |   |
|               | you indicated on the final page of the submission.  |   |
|               | Download or print a copy of the form from the email.  | Q C 🛃 🖶 🖸   |
|               | a) In the email you receive, click on the red "View   |   |
|               | Completed Form" button.   | Special         Special         Openation           To be completed by the athlete or parent/guardian/caregiver and brought to example         Olympics         Olympics  |
|               | <ul> <li>Select the "Printer" or "Download" icon at the<br/>top of the page to print or download a copy of<br/>the form.</li> </ul>   |   |
| <b>STEP 7</b> | If signed electronically, the health history and release  |   |
|               | forms will automatically be sent back to Special  |   |
|               | Olympics New Jersey, but athlete registration is <b>NOT</b> complete until the Athlete Medical Form is sent to  | Athlete Medical Form – PHYSICAL EXAM Special X**<br>(to be completed by a Medical Professional only)  |
|               | Special Olympics New Jersey. This should be sent after  | Athlete's Name:   |
|               | the athlete has received a physical exam from a   |   |
|               | healthcare professional or attended a MedFest event.  |   |
|               | Once the others receives a shusical even and see 2.5  | f the Athlete Medical Form is completed by a health same  |
| STEP 8        | Once the athlete receives a physical exam and page 3 of the <b>Athlete Medical Form</b> is completed by a healthcare professional, the medical form should be sent to Special Olympics New Jersey. There are 3 ways this can be done:   |   |
|               | -   | / Fax: By Email:  |
|               |   | 482-2256 ARH@sonj.org   |
|               | 1 Eunice Kennedy Shriver Way<br>Lawrenceville, NJ 08648   |   |
|               | Thank you for taking the time to complete the Online Registration Form!   |   |