ATLANTO-AXIAL INSTABILITY STATUS FORM
FOR ATHLETES WITH DOWN SYNDROME

AREA: ____________________________ SCHOOL/AGENCY: ____________________________

ATHLETE NAME: Last: ____________________________ First: ____________________________

DATE OF BIRTH: __________/________/____  
month day year

Physician Comments: _________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

A cervical vertebrae x-ray study shows that the above athlete (check one)

☐ does have  ☐ does not have

evidence of Atlanto-Axial Instability.

Physician Name (please print): _______________________________________________________

Physician Signature: _______________________________________________________________

Physician Title/Certification: __________________________________ Date: _________________

If the above athlete does have Atlanto-Axial Instability then they will be restricted from the sports/events listed below unless they submit a “Special Release for Athletes with Atlanto-Axial Instability Form”. This form details any restrictions an athlete may have, the name, address and signature of two examining physicians and the signature of the adult athlete and witness or the parent/guardian of a minor athlete. Restricted sports training and competition activities include: butterfly stroke, diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer), squat lift, alpine skiing and any warm-up exercise placing undue stress on the head and neck.