

ATLANTO- AXIAL X-RAY VERIFICATION FOR RIDERS WITH DOWN SYNDROME

Client: _____ Date of birth: _____

Address: _____

Telephone: _____ Height: _____ Weight: _____

Name of Physician: _____

Telephone: _____ Fax: _____

Date of X-ray _____

Physician's Signature: _____

NOTE: Due to the nature of this sport, persons diagnosed with Down syndrome cannot be accepted for riding instruction without proof of a negative diagnostic X-ray for Atlanto-axial instability. This form must be accompanied by a signed and dated statement from a qualified physician giving the date and result of the diagnostic X-ray