



Atlanto-Axial X-ray verification for Riders with Down Syndrome

Rider Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Height: _____ Weight: _____

Name of Physician: _____

Telephone: _____

Date of X-ray: _____

Physician's Signature: _____

Note: Due to the nature of this activity, 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 the result of the diagnostic X-ray. The atlanto-axial instability Xray must be reassessed every 5 years until the age of puberty.