



528 Mersea Rd. 7 R.R. #5 Leamington, Ontario N8H 3V8 (519)322-2463

**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: _____ Result: _____

Physician's signature: _____ Date: _____

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 result of the diagnostic X-ray.