OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT				DATE OF EXAM							
	Name Grade School			A	age Dat	te of Birth					
					Spo	ort(s)					
	Address				Phone						
	Personal physician		Phone								
	In case of emergency, contact: Name										
	Relationship										
	Explain "Yes" answers below. Circle questions you don't know the answers	to.									
1.	Have you had a medical illness or injury since your last check up or sports physical?	YES	<u>NO</u> □	24.	Have you ever had num legs, or feet?	nbness or tingling in your arms	, hands,	<u>NO</u>			
2.	Do you have an ongoing or chronic illness?			25.	Have you ever become	ill from exercising in the heat	,				
3.	Have you ever been hospitalized overnight?			26.	Do you cough, wheeze,	, or have trouble breathing dur	ing or				
4.	Have you ever had surgery?				after activity?						
5.	Are you currently taking any prescription or nonprescription	_	_	27.	Do you have asthma?						
	(over-the-counter) medications or pills or using an inhaler?			28.	•	allergies that require medical tr					
6.	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			29.	disease?	ne in your family have sickle c					
7.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			30.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer						
8.	Have you ever had a rash or hives develop during or after exercise?			21	on your teeth, hearing a						
9.	Have you ever passed out during or after exercise?			31.		lems with your eyes or vision?					
10.	Have you ever been dizzy during or after exercise?			32. 33.		ontacts, or protective eyewear's					
11.	Have you ever had chest pain during or after exercise?			33. 34.	Have you broken or fractured any bones or dislocated any			ш	Ш		
12.	Do you get tired more quickly than your friends do during exercise?				joints? Have you had any other problems with pain or swelling in						
13.	Have you ever had racing of your heart or skipped heartbeats?			35.	muscles, tendons, bone	r problems with pain or swellings, or joints?	ng in				
14.	Have you had high blood pressure or high cholesterol?			36.	If yes, check appropriate	te box and explain below.	_				
15.	Have you ever been told you have a heart murmur?				☐ Head ☐ Neck	☐ Elbow ☐ Forearm	☐ Hip ☐ Thigh				
16.	Has any family member or relative died of heart problems or of sudden death before age 50?				☐ Back ☐ Chest	☐ Wrist ☐ Hand	☐ Knee ☐Shin/ca	lf			
17.	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?			25	☐ Shoulder ☐ Upper arm		☐ Ankle ☐ Foot				
18.	Has a physician ever denied or restricted your participation in sports for any heart problems?			37. 38.	Do you lose weight reg	more or less than you do now? ularly to meet weight requiren					
19.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			39.	your sport? Do you feel stressed ou	ıt?					
20.	Have you ever had a head injury or concussion?			40.		ur most recent immunizations (
21.	Have you ever been knocked out, become unconscious, or lost your memory?				Tetanus Hepatitis	Measles Chickenpox					
22.	Have you ever had a seizure?			<u>I</u>	Explain "Yes" answers o	on a separate sheet.					
23.	Do you have frequent or severe headaches?										
	The above information is correct to the best of my knowledge. It the risk of injury in athletic participation. If my son/daughter becother personnel properly trained. I further acknowledge and constudent may be disclosed to OSSAA in connection with any invest rules. OSSAA will undertake reasonable measure to maintain the publicly disclosed in some manner.	somes sent th igation e con	ill or is a lat, as a n or inqu fidentiali	injured, n condition airy conce ity of suc	ecessary medical care ca for participating in active rning the student's eligib h identifying information	an be instituted by physicians, vities, identifying information bility to participate an/or any p n, provided that such informa	coaches, at about the a ossible viol tion has no	hletic above- lation	trainers of OSSA		
	Signature of parent/guardian		_Signati	ure of Ath	ılete		Date				

PREPARTICIPATION PHYSICAL EVALUATION

<u>PLEASE PRINT</u>			DATE OF EXAM								
	Name	Date of Birth									
Height	Weight	Body fat (optional)	% Pulse	BP	/ Color	Blind Yes	No (cir	rcle one)			
	W:-: P 20	1 20/	Comments	1 3 7 / N T	Doniler Ferral	11	_1				
	VISION: K 20	D/L 20/	Corrected	1 Y/N	Pupils: Equal_	Unequ	a1				
MEDICAL		Normal	Abnorma	al Findings							
Appearance											
	ıroat										
Lymph Node											
Heart											
Pulses											
Lungs											
Abdomen											
Genitalia (ma	ale only)										
Skin											
MUSCULOSK	ELETAL										
Neck											
Back											
Shoulder/Arr											
Elbow/Forea	rm										
Wrist/Hand											
Hip/Thigh											
Knee											
Foot											
CLEARAN(
() Cleared a	after completing e	evaluation/rehabilitation fo	or:								
() Not clea	ared for:	Reason	ı:								
Recommend	dations:										
Name & Title of Examiner (Print/Type)											
Address _					Phone						
Signature of	f Evaminer										