

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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 NO
2. Do you have an ongoing or chronic illness? YES NO
3. Have you ever been hospitalized overnight? YES NO
4. Have you ever had surgery? YES NO
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? YES NO
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO
8. Have you ever had a rash or hives develop during or after exercise? YES NO
9. Have you ever passed out during or after exercise? YES NO
10. Have you ever been dizzy during or after exercise? YES NO
11. Have you ever had chest pain during or after exercise? YES NO
12. Do you get tired more quickly than your friends do during exercise? YES NO
13. Have you ever had racing of your heart or skipped heartbeats? YES NO
14. Have you had high blood pressure or high cholesterol? YES NO
15. Have you ever been told you have a heart murmur? YES NO
16. Has any family member or relative died of heart problems or of sudden death before age 50? YES NO
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
18. Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
20. Have you ever had a head injury or concussion? YES NO
21. Have you ever been knocked out, become unconscious, or lost your memory? YES NO
22. Have you ever had a seizure? YES NO
23. Do you have frequent or severe headaches? YES NO

- 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
25. Have you ever become ill from exercising in the heat? YES NO
26. Do you cough, wheeze, or have trouble breathing during or after activity? YES NO
27. Do you have asthma? YES NO
28. Do you have seasonal allergies that require medical treatment? YES NO
29. Do you or does someone in your family have sickle cell trait or disease? YES NO
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 on your teeth, hearing aid)? YES NO
31. Have you had any problems with your eyes or vision? YES NO
32. Do you wear glasses, contacts, or protective eyewear? YES NO
33. Have you ever had a sprain, strain, or swelling after injury? YES NO
34. Have you broken or fractured any bones or dislocated any joints? YES NO
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO
36. If yes, check appropriate box and explain below.
Head Neck Back Chest Shoulder Upper arm Elbow Forearm Wrist Hand Finger Hip Thigh Knee Shin/calf Ankle Foot
37. Do you want to weigh more or less than you do now? YES NO
38. Do you lose weight regularly to meet weight requirements for your sport? YES NO
39. Do you feel stressed out? YES NO
40. Record the dates of your most recent immunizations (shots) for:
Tetanus \_\_\_\_\_ Measles \_\_\_\_\_
Hepatitis \_\_\_\_\_ Chickenpox \_\_\_\_\_

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian \_\_\_\_\_ Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_