

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 and/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 _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____% Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

**Antlers School District Student Participant Alcohol
and Illegal or Performance Enhancing Drugs Contract**

Statement of Purpose and Intent:

Participation in drivers education and in school-sponsored extracurricular activities at the Antlers School District is a privilege and not a right. Such privilege is governed by the attached Antlers School District Policy on Driver's Education, Parking Permits and Extracurricular Activities Student Alcohol and Drug Testing (the "Policy"). Alcohol and illegal or performance enhancing drug use of any kind is incompatible with participation in drivers education and in extracurricular activities on behalf of the Antlers School District. Students who participate in activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student participants carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal or performance enhancing drugs.

Participation in Drivers Education and/or Extracurricular Activities:

For the safety, health and well-being of the students of the Antlers School District, the Antlers School District has adopted the attached Policy and this Student Participant Alcohol and Illegal or Performance Enhancing Drugs Contract (the "Contract") which shall be read, signed and dated by the student, parent or custodial guardian and sponsor or coach before such student shall be eligible to practice or participate in drivers education and/or in any extracurricular activity. No student shall be allowed to practice or participate in drivers education and/or in any extracurricular activity unless the student has returned the properly signed contract.

Student's Name: _____

I understand after having read the Policy and this Contract that, out of care for my safety and health, the Antlers School District enforces the rules applying to the consumption or possession of alcohol and illegal or performance enhancing drugs. As a student participant, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated.

If I choose to violate the Policy regarding the use or possession of alcohol and illegal or performance enhancing drugs any time during the school year, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the Policy.

Signature of Student: _____

Date: _____

We have read and understand the Policy and this Contract. We desire that the student named above participate in drivers education and/or the extracurricular activities of the Antlers School District and we hereby agree to abide by all provisions of the Antlers School District's Policy. We accept and consent to the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing and results as provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

Signature of Parent or Custodial Guardian: _____

Date: _____

[If the student athlete is 18 years or older, he/she must also sign at this line in addition to the line above.]