#### OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

|     | PLEASE PRINT  |  |                                   |   | DATE OF EXAM.  |                         |                             |
|-----|---|--|-----------------------------------|---|--|-------------------------|-----------------------------|
|     | Natir   |  | _ 54                              | -   | Age Date of North  | _                       |                             |
|     | Grade School  |  |                                   |   | Spect(x)   | _                       |                             |
|     | Address   |  |                                   |   | Phore  | _                       | _                           |
|     | Personal physician  |  |                                   |   | Plany  |                         |                             |
|     | In case of energency, contact: Name   |  |                                   |   |  |                         |                             |
|     | Polationship  |  |                                   | -   | (P)(P)   |                         |                             |
|     | English "Yes" sensors below. Goths questions you sho't know the sensor  | Tile.  |                                   |   |  |                         | NO                          |
| 1.  | Have you had a medical illness or injury since your last check up or sports physical?   | 0  | -                                 |   | Have you ever had numbered or tingling in your arms, hands,  |                         |                             |
|     | Do you have an ongoing or chronic illness?  |  |                                   |   |  | _                       | H                           |
| E.  | Have you ever been hospitalized evenight?   |  |                                   |   | Do you cough, whereas, or have trouble breething during or   |                         | 7                           |
|     | Have you ever had surgery?  |  |                                   | 100.  |  |                         |                             |
| 34. | Are you currently taking any prescription or nonprescription<br>(over-the-country) medications or pills or using an inhabe?   |  |                                   |   |  | 3                       |                             |
|     | Have you ever taken any supplements or vitamins to help you<br>gain or loss weight or improve your performance?   |  |                                   |   |  |                         | -                           |
| 4.  | Do you have any allingin (for example, to pollen, medicine,<br>lood, or stinging insects)?  |  |                                   |   | example, knee brace, special neck coll, foot orthotics, retainer   |                         |                             |
|     | Have you ever had a rush or hives develop during or after   | -  |                                   | 88  | t. Have you had any problems with your eyes or vision?   | σ.                      |                             |
|     | energiae?   |  |                                   |   | Dio you wear glasses, contacts, or protective eyewear?   | 3                       |                             |
| 3   | Have you ever passed out during or after exercise?  |  |                                   | 82  | Have you ever had a speak, strain, or exelling after injury?   |                         |                             |
|     | Have you ever been duty during or after exercise?   | 0  | -                                 |   | Have you broken or tractured any boxes or dislocated any   |                         | _                           |
|     | Have you ever had chest pain during or after exercise?  | 1  | -                                 |   | joines?  | -                       |                             |
|     | Do you get tired more quickly than your friends do during<br>exercise?  |  |                                   |   | Have you had any other problems with pain or swelling in<br>muscles, tendons, bones, or joines?  |                         |                             |
|     | Have you ever had racing of your heart or shipped bearbears?  |  |                                   |   | If yes, check appropriate box and explain below.   |                         |                             |
|     | Have you had high blood pressure or high cholestreol?   |  |                                   |   | ☐ Sheet ☐ Either ☐ Hilp<br>☐ Seek ☐ Ferrence ☐ Shieh   |                         |                             |
|     | Have you ever been sold you have a heart murmur?  |  |                                   |   | □ flack □ Write □ Kees   |                         |                             |
|     | Has any family member or relative died of heart problems or<br>of sudden death before age 50?   |  |                                   |   | Chee   Hand   Chief-all   Ch |                         |                             |
|     | Have you had a server visal infection (for mample,<br>myocarditia or mononucleosis) within the last manth?  |  | m                                 | 13  |  |                         |                             |
|     | Has a physician over denied or restricted your participation in   |  | -                                 |   | Do you lose weight regularly to meet weight requirements for   | 9                       |                             |
|     | sports for any heart problems?  |  | 0                                 |   |  | Ξ.                      |                             |
| W., | Do you have any current skin problems (for example, itching,<br>rashes, acne, warts, funges, or blimers)?   |  | in.                               | 154   |  |                         |                             |
| 2.  | Place you ever had a head injury or concussion?   | - 1  |                                   | 4.5   | Tetansa Mendes   |                         |                             |
| 36  | Have you ever been knocked out, become unconscious, or lost   | - 7  | -                                 |   | Heparitis Chickespox   |                         |                             |
|     | you meany?  |  |                                   |   | Explain "Yes" answers on a separate sheet.   |                         |                             |
|     | Have you ever had a seizure?  |  |                                   |   |  |                         |                             |
|     | Do you have frequent or severe headactics?  |  |                                   |   |  |                         |                             |
|     | understand the risk of injury in athletic participation. If my sc<br>coacles, trainers in other personnel projectly trained. I further at<br>about the above-mentioned madeut may be disclosed to OSSA. | en/damp<br>incomin<br>in contra<br>talke enc | glation (<br>edigo a<br>establish | med en<br>med en<br>medical<br>medical<br>medical | informed consent for the above-mentioned student to participate in actions: iii or is injured, necessary medical care can be instituted by pid consent that, as a condition for participating in activities, identifying info th any irrevalgation or impairy concenting the student's eligibility to participate to maintain the confidentiality of such identifying information, p   | gradic<br>menn<br>metar | lanes,<br>estima<br>ignista |
|     | Suggestions of parent/georetical  |  |                                   |   | Date   |                         |                             |

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**M Carnoy** 

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