#### OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

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|           | Polationship   |  |                                   | -   | (*)(*)   |                       |                           |
|           | English "Yes" sensors below. Goths questions you sho't know the sensor   | Tile.  |                                   |   | YE   |                       |                           |
| 1.        | Have you had a medical illness or injury since your last check up or sports physical?  | 0  | -                                 |   | Have you ever had numberes or tingling in your arms, hands, logs, or face?   |                       |                           |
|           | Do you have an ongoing or chronic illness?   |  |                                   |   | Here you ever become ill from exercising in the best?  |                       | H                         |
| E.        | Have you ever been hospitalized evenight?  |  |                                   |   | Do you cough, whereas, or have trouble breathing during or   |                       | 7                         |
|           | Have you ever had surgery?   |  |                                   | 100.  | after activity?  | 3                     |                           |
| 34.       | Are you currently taking any prescription or nonprescription<br>(over-the-country) medications or pills or using an inhabe?  |  |                                   |   | Do you have authora?  Do you have annound allergies that require medical treatment?  | _                     |                           |
|           | 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, have been a usually used for your sport or position (for<br>example, have brace, special neck roll, foot orthodox, retainer<br>on your teeth, hearing sidd?   | 3                     |                           |
|           | Have you ever had a rush or hives develop during or after  | -  |                                   | 88  | t. Have you had any problems with your eyes or vision?   | 3                     |                           |
|           | energiae?  |  |                                   |   | Do you wear glasses, contacts, or protective systems?  | 3                     |                           |
| 3         | Have you ever passed out during or after exercise?   |  |                                   | 82  | Have you ever had a speale, strain, or excelling after injury?   | 3                     |                           |
|           | Have you ever been duty during or after exercise?  | 0  | -                                 |   | Have you broken or fractured 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 muscles, treatmen, boxes, or joines?  | 3                     |                           |
|           | Have you ever had racing of your heart or skipped hearthcars?  |  |                                   |   | If yes, check appropriate box and explain below.   |                       |                           |
|           | Have you had high blood pressure or high cholesteeol?  |  |                                   |   | Head   Hiller   Hil |                       |                           |
|           | Have you ever born told you have a heart murmur?   |  |                                   |   | □ Rank □ Write □ Kane  |                       |                           |
|           | Has any family member or relative died of heart problems or<br>of sudden death before age 50?  |  |                                   |   | Charal   Hanel   Children   Chi |                       |                           |
|           | Have you had a server viral infection (for example,<br>pryocarditis or mononycleosis) within the last month?   |  | $\Box$                            | 13  |  | 3                     |                           |
|           | Has a physician over denied or restricted your participation in<br>sports for any heart problems."   | -  | _                                 |   | Do you lose weight regularly to meet weight requirements for your sport?   | 3                     | 0                         |
| 4         | Do you have any current skin problems (for example, inching,   |  |                                   | 34  | L Do you feet stressed out?  | 3                     |                           |
| 3         | rashes, actor, warts, fungus, or blimers)?   |  |                                   | 1.5   |  |                       |                           |
| $T_{i,j}$ | Have you ever had a head injury or concussion?   |  |                                   |   | Tetaturi Mendes  |                       |                           |
|           | Harve you error born knocked-out, become unronacious, or loss your memory?   |  |                                   |   | Explain "Yes" answers on a separate sheet.   |                       |                           |
|           | Have you ever had a seizure?   |  |                                   |   |  |                       |                           |
|           | Do you have frequent or severe headaches?  |  |                                   |   |  |                       |                           |
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# **Physical Exam Forms Template For Pain Management**

Michael H. Ebert, Robert D. Kerns

**Physical Exam Forms Template For Pain Management:** 

The book delves into Physical Exam Forms Template For Pain Management. Physical Exam Forms Template For Pain Management is an essential topic that needs to be grasped by everyone, from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into Physical Exam Forms Template For Pain Management, encompassing both the fundamentals and more intricate discussions.

- 1. This book is structured into several chapters, namely:
  - Chapter 1: Introduction to Physical Exam Forms Template For Pain Management
  - Chapter 2: Essential Elements of Physical Exam Forms Template For Pain Management
  - Chapter 3: Physical Exam Forms Template For Pain Management in Everyday Life
  - Chapter 4: Physical Exam Forms Template For Pain Management in Specific Contexts
  - ∘ Chapter 5: Conclusion
- 2. In chapter 1, this book will provide an overview of Physical Exam Forms Template For Pain Management. The first chapter will explore what Physical Exam Forms Template For Pain Management is, why Physical Exam Forms Template For Pain Management is vital, and how to effectively learn about Physical Exam Forms Template For Pain Management.
- 3. In chapter 2, the author will delve into the foundational concepts of Physical Exam Forms Template For Pain Management. This chapter will elucidate the essential principles that need to be understood to grasp Physical Exam Forms Template For Pain Management in its entirety.
- 4. In chapter 3, this book will examine the practical applications of Physical Exam Forms Template For Pain Management in daily life. The third chapter will showcase real-world examples of how Physical Exam Forms Template For Pain Management can be effectively utilized in everyday scenarios.
- 5. In chapter 4, this book will scrutinize the relevance of Physical Exam Forms Template For Pain Management in specific contexts. The fourth chapter will explore how Physical Exam Forms Template For Pain Management is applied in specialized fields, such as education, business, and technology.
- 6. In chapter 5, the author will draw a conclusion about Physical Exam Forms Template For Pain Management. This chapter will summarize the key points that have been discussed throughout the book.
  - This book is crafted in an easy-to-understand language and is complemented by engaging illustrations. This book is highly recommended for anyone seeking to gain a comprehensive understanding of Physical Exam Forms Template For Pain Management.

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