

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.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
Do you have an ongoing or chronic illness?	☐	☐	8. Have you ever become ill from exercising in the heat?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐	9. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
Have you ever had surgery?	☐	☐	Do you have asthma?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	☐	☐	Do you have seasonal allergies that require medical treatment?	☐	☐
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐	10. 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, retainers on your teeth, hearing aids)?	☐	☐
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐	11. Have you had any problems with your eyes or vision?	☐	☐
Have you ever had a rash or hives develop during or after exercise?	☐	☐	Do you wear glasses, contacts, or protective eyewear?	☐	☐
5. Have you ever passed out during or after exercise?	☐	☐	12. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐	Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐	If yes, check appropriate box and explain below.		
Have you ever had racing of your heart or skipped heartbeats?	☐	☐	☐ Head	☐ Elbow	☐ Hip
Have you had high blood pressure or high cholesterol?	☐	☐	☐ Neck	☐ Forearm	☐ Thigh
Have you ever been told you have a heart murmur?	☐	☐	☐ Back	☐ Wrist	☐ Knee
Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐	☐ Chest	☐ Hand	☐ Ankle
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐	☐ Shoulder	☐ Finger	☐ Foot
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐	☐ Upper arm		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐	13. Do you want to weigh more or less than you do now?	☐	☐
7. Have you ever had a head injury or concussion?	☐	☐	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐	14. Do you feel stressed out?	☐	☐
Have you ever had a seizure?	☐	☐	15. Record the dates of your most recent immunizations (shots) for:		
Do you have frequent or severe headaches?	☐	☐	Tetanus _____ Mumps _____		
			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, 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 under any possible violation of OSSAA rules. OSSAA will undertake reasonable measures 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: _____ Date: _____

Physical Exam Forms Template For Pain Management

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Hurley**

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