#### OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

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|           | Natir  |  | _ 54                              | -   | Age Date of North  | _                     |                           |
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|           | In case of energency, contact: Name  |  |                                   |   |  |                       |                           |
|           | 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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