

OCSAA PHYSICAL EXAMINATIONAL FORM

NAME OF STUDENT _____ SEX _____ PARENT OR GUARDIAN _____

HOME ADDRESS _____ GRADE / AGE _____ HOME PHONE _____ WORK PHONE _____

| PARENT or GUARDIAN | | | PHYSICIAN | | | | |
|--|--|--|---|--------------|----|---------------|-----------|
| STUDENT HEALTH HISTORY | | | VITALS | SATISFACTORY | | EXAM COMMENTS | FOLLOW UP |
| Parents or Guardian Please Answer "YES" or "NO" Only to the following questions | | | | YES | NO | | |
| Chronic and/or Recurrent Illness? | | | | | | | |
| Hospitalizations? | | | | | | | |
| Operations? | | | | | | | |
| Taking Medications? | | | | | | | |
| Organs Missing? | | | | | | | |
| Heat Exhaustion? | | | | | | | |
| Dizziness, Fainting, Seizures? | | | | | | | |
| Knocked Out? | | | | | | | |
| Concussion? | | | | | | | |
| Wear Glasses/Contacts? | | | | | | | |
| Hearing Problems? | | | | | | | |
| Allergic to Medications? | | | | | | | |
| High Blood Pressure? | | | | | | | |
| Hernia? | | | | | | | |
| Bone, Joint, Spine Injury? | | | | | | | |
| Liver, Spleen, Kidney, or Skin Problems? | | | | | | | |
| Explain any answers or any other pertinent information concerning health history: <input type="checkbox"/> Check here if additional information on back | | | SUMMARY OF CONTENTS: <input type="checkbox"/> Check here if added comments are on back | | | | |
| The above information is to 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 trained. X | | | Sports Participation approved: Yes _____ No _____ Deferred _____ X | | | | |
| Signature of Parent or Guardian / Date | | | Signature of Physician | | | | |