## PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT		DATE OF E	DATE OF EXAM				
Name	Date of Birth						
Height Bo	dy fat (optional)% Puls	eBP/_					
Vision: R 20/L 20/	Corrected Y/N	Pupils: Equal	Unequal				
MEDICAL	Normal Ab	normal Findings					
Appearance							
Eyes/Ears/Throat							
Lymph Nodes							
Heart							
Pulses							
Lungs							
Abdomen							
Genitalia (male only)							
Skin							
MUSCULOSKETAL							
Neck							
Back							
Shoulder/Arm							
Elbow/Forearm							
Wrist/Hand							
Hip/Thigh							
Knee							
Leg/Ankle							
Foot							
CLEARANCE  ( ) Cleared  ( ) Cleared after completing evaluation	ion/rehabilitation for:						
( ) Not cleared for:	Reason:						
Recommendations:							
Name & Title of Examiner (Print	Туре)		Date				
Address			Phone				
Signature of Examiner			<u> </u>				

## OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

Have you ever thad surgery?    Do you have asthma?   Do you have asthma?		PLEASE PRINT									
Prome   Prom		Name	- []								
Personal physician   Phone		Grade School									
Personal physician   Phone				Phone							
Retinoshop  Form (II) (W)  Explain "Yes" answers below. Circle questions you don't know the answers is.  I have you but all a medical illness or injury since your last check  up or sports physica?  Do you have an ongoing or chronic illness?  Have you ever been nospitalized overnight?  Have you ever been soptialized overnight?  Have you ever been soptialized overnight?  Jo you have asshman?  Do you have asshman?  Do you have asshman?  Do you have asshman?  Do you have seasonal allergies that require medical treatment?  Jo you have asshman?  Do you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you have seasonal allergies that require medical treatment?  Jo you was yeared preterior or corrective equipment or devertised and a read or hires develop during or after exercise?  Jo you was yeared preterior or corrective equipment or devertise that are trustally used for your sport or position (for example, tree base, special neck roll, foot orthotics, retainer on your steel, hearing aller injury?  Have you ever been told you have a heart murmar?  Have you ever been told you have a heart murmar?  Have you when the returned any beness or dislocated any joints?  Have you when the returned any beness or dislocated any joints?  Have you when the returned any beness or dislocated any joints?  Have you when the returned any problems with pain or swelling in muscors for any ment or related your partici		va Potresia									
Esplain "Yel" amment below. Circle questions you don't know the annexers to.  1. Have you had a medical illness or injury since your last check yen or sports physical?  Do you have an ongoing or chronic illness?  2. Have you ever been hospitalized overnight?  3. Are you currently aking any prescription or nonprescription (over-the-counter) medications or prills or using an inhaler?  4. De you currently laking any prescription or songrescription (over-the-counter) medications or prills or using an inhaler?  4. De you have any allergies (for example, to pollon, medicine, food, or singing insects)?  4. De you have any allergies (for example, to pollon, medicine, food, or singing insects)?  4. De you have any allergies (for example, to pollon, medicine, food, or singing insects)?  5. Have you ever had rath or hives develop during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or under exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had racing of your heart or skipped heartheats?  6. Have you ever had racing of your heart or skipped heartheats?  6. Have you had high blood pressure or high cholesterol?  6. Have you bad high blood pressure or high cholesterol?  6. Have you had high blood pressure or high cholesterol?  6. Have you ever hear nonnouncleosis ywithin the last month?  6. Have you ever hear nonnouncleosis ywithin the last month?  6. Do you have any special problems?  6. Have you ever hear that remains a problems (for example, itching, rashs, ane, wars, flaingest or restricted your participation in sports for any heart problems?  6. Have you ever hear had a science?  6. Do you have any special problems?  6. Have you ever hear had a science?  6. Have you ever hear had a											
Explain "Yel" anneary below. Circle questions you don't know the answers to.  1. Is take you had a medical illness or injury since your last check up or sports physical?  Do you have an ongoing or chronic illness?  2. Have you ever been hospitalized overnight?  3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?  4. Are you currently taking any prescription or songrescription (over-the-counter) medications or pills or using an inhaler?  4. Do you have any allergies (for example, to pollon, medicine, food, or stinging insects?)  4. De you have any allergies (for example, to pollon, medicine, food, or stinging insects?)  5. Have you ever had rate or taken any supplements or vitamins to help you gain or flow weight or improve your performance?  6. Have you ever had rate or taken any supplements or vitamins to help you gain or flow weight or improve your performance?  6. Have you ever had not a rate or taken any supplements or vitamins to help you gain or flow weight or improve your performance?  6. Have you ever had not provide the provided for your sport or position (for example, insects)?  6. Have you ever had rate or taken any supplements or vitamins to help you gain or flow weight or improve your performance?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had chest pain during or after exercise?  6. Have you ever had rating of your heart or skipped heartheuts?  6. Have you ever had rating of your heart or skipped heartheuts?  6. Have you ever had rating of your heart or skipped heartheuts?  6. Have you had high blood pressure or high cholesterol?  6. Have you bad high blood pressure or high cholesterol?  6. Have you ever hearth or your specification or sport your performance?  6. Have you ever hearth or your perform		Relationship		Ph	none (H)						
Have you have an ongoing or chronic illness?		Explain "Yes" answers below. Circle mestions you don't know the answer	rs to								
up or sports physical? Do you have an ongoing or chronic illness?  1. Have you ever become ill from exercising in the heat?  2. Have you ever had surgery?  3. Are you currently aking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?  1. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  1. Do you have asithma?  1. Do you have sestional allergies that require medical treatment?  1. Do you have sestional allergies that require medical treatment?  1. Do you have sestional allergies that require medical treatment?  1. Do you are does someone in your family have sickle cell trait or disease?  1. Do you war does someone in your family have sickle cell trait or disease?  1. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, the back, special nestore, special nestore, for floor orherics, retainer on your teeth, hearing aid)?  1. Have you ever had a rash or hives develop during or after exercise?  1. Have you ever bean dictsy during or after exercise?  1. Have you ever had chest pain during or after exercise?  1. Have you ever had a chest pain during or after exercise?  2. Have you ever had a fracing of your heart or skipped heartbeats?  3. Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  4. Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  4. Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  4. Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  4. Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  4. Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  4. Have you are feed nearly in member or relative died of heart problems or or swell muscless, tendons, hones, or joints?  4. H				NO					NO		
Have you ever been hospitalized overnight?  Have you ever had surgery?  Are you currently taking any prescription or nonprescription (over-the-counter) medicators or pills or using an inhaler?  Do you have assonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easonal allergies that require medical treatment?  Do you have easthma?  Do you see were had and not not postering for easonal allergies that require medical treatment?  Do you see that for the state of the east of your sport or postering for devices that are not usually used for your sport or postering for easonal eastering easonal allergies that require medical treatment?  Do you were had a server had a hearth or hives developed for earner.  Have you ever had a server were for high cholesterol?  Have you ever had a server wirell infection of for example.  Place you have any current skin problems or of sudden death before age 50?  Have you have easthma?  Do you lose weight requirements for your sport?  Have you were been knocked out, become unconscious, or lost your memory?  Have you ever had a server wirell infection (for example, inching, rashes, ane, wars, fingus, or bistersy)  Do you have east part and the state of							moness or tingling in your arr	ns, nands,			
Have you ever that surgery?		Do you have an ongoing or chronic illness?			8.	Have you ever become	e ill from exercising in the hea	st?			
Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?  Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  Do you have any allergies (for example, to pollon, medicine, food, or stinging insects)?  Live you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever bad chest pain during or after exercise?  Have you ever bad chest pain during or after exercise?  Do you get tired more quickly than your friends do during exercise?  Have you ever had racing of your heart or skipped heartbeats?  Have you ever had racing of your heart or skipped heartbeats?  Have you ever had racing of your heart or skipped heartbeats?  Have you had high blood pressure or high cholesterol?  Have you had high blood pressure or high cholesterol?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Have you cere had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you had a severe viral infection (for example, itching, rashs, ance, warrs, fingus, or histors)?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever bean toxic do or heart problems or of sudden deaths of your most recent immunizations (shots) for Tatanus.  Measles  Hepatitis	2.	Have you ever been hospitalized overnight?			9.	Do you cough, wheeze, or have trouble breathing during or					
A rey you currently gasting any prescription or nonprescription (over-the-counter) indications or pills or using an inhaler?   Do you have seasonal allergies that require medical treatment?   Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?   Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?   Do you was any special protective or corrective equipment or devices that aren't usuallines with your eyes or vision?   Do you was any special protective or corrective equipment or devices that aren't usuallines with your eyes or vision?   Do you was glasses, contacts, or protective eyewear?   Do you was glasses, contacts, or protective eyewear?   Do you was glasses, contacts, or protective eyewear?   Do you was glasses, contacts or protective eyewear?   Have you ever had chest pain during or after exercise?   Have you ever had chest pain during or after exercise?   Have you ever had rest pain during or after exercise?   Have you ever had resting of your heart or skipped heartbeats?   Have you ever had resting of your heart or skipped heartbeats?   Have you ever had resting of your heart or skipped heartbeats?   Have you ever been told you have a heart murmar?   Have you break nor fractured any points?   Have you ever been told you have a heart murmar?   Have you bad any other problems with pain or swelling in muscles, tendons, bones, or joints?   Have you bad any other problems with pain or swelling in muscles, tendons, bones, or joints?   Have you bad any other problems with pain or swelling in muscles, tendons, bones, or joints?   Have you bad a severe viral infection (for example, myocarditis or mononucleosis) within the last month?   Have you had a severe viral infection (for example, itching, rashes, ance, wars, fungue, or bisters)?   Do you lose weight regularly to meet weight requirements for your sport?   Do you lose weight regularly to meet weight requirements for your sport?   Do you lose weight regularly to meet weight problems (s		Have you ever had surgery?				after activity?	after activity?				
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  10. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  10. Have you ever had a rash or hives develop during or after exercise?  11. Have you ever had a rash or hives develop during or after exercise?  12. Have you ever passed out during or after exercise?  13. Have you ever based out during or after exercise?  14. Have you ever had chest pain during or after exercise?  15. Have you ever had chest pain during or after exercise?  16. Have you ever had chest pain during or after exercise?  17. Have you ever had a sprain, strain, or swelling after injury?  18. Have you ever had racing of your heart or skipped heartbeats?  19. Have you broken or fractured any bones or dislocated any joints?  19. Have you had high blood pressure or high cholesterol?  19. Have you had high blood pressure or high cholesterol?  19. Have you had high blood pressure or high cholesterol?  19. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  19. Have you had a severe viral infection (for example, morandition or mononucleosis) within the last month?  19. Has any family member or relative died of heart problems or of sudden death before age 50?  19. Have you had a severe viral infection (for example, morandition or mononucleosis) within the last month?  19. Do you want to weight more or less than you do now?  19. Do you have any current skin problems (for example, itching, rashes, acne, wars, fingus, or histoers)?  19. Do you have any current skin problems (for example, itching, rashes, acne, wars, fingus, or histoers)?  19. Have you ever had a secture?  19. Do you have a feed on the problems (for example, itching, rashes, acne, wars, fingus, or histoers)?  19. Do you have a feed on the problems (for example, itching, rashes, acne, wars, fingus, or histoers)?  19. Do you have frequent or severe headaches?  19. Do you have a feed on the feed of the feed	3.	Are you currently taking any prescription or nonprescription				Do you have asthma?					
disease?  4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects?)  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had elest pain during or after exercise?  Have you ever had chest pain during or after exercise?  Do you get tired more quickly than your friends do during exercise?  Have you ever had chest pain during or after exercise?  Have you ever had racing of your heart or skipped heartbeats?  Have you had any other problems with pain or swelling in muscles, tendons, hones, or joints?  Have you had high blood pressure or high cholesterol?  Have you ever been told you have a heart murmur?  Has any family member or relative died of heart problems or of sudden death before age 50?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Has you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Has you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Have you ever hear had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever hear had a head injury or concussion?  Have you ever had a septime for example, itching, rashes, acne, warts, fingus, or bisters?  Have you ever head had head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a head injury or concussion?  Explain "Ves" 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 unders the risk of injury in adhletic participation. If my son/daughter becomes ill or is injured, necessary modical care can be instin		그 이렇게 그 동안에 내려가 되었다면서 동안에 되었다면 두 가는 이 등을 하는데 되었다면 하셨다면서 나를 하는데 되었다면 하는데 되었다면 하는데 그 때문에 되었다면 하는데				Do you have seasonal	allergies that require medical	treatment?			
devices that aren't usually used for your sport or position (for cample, tood, or stringing insects?)  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Have you ever had a rash or hives develop during or after exercise?  Do you wear glasses, contacts, or protective eyewear?  Have you ever had est pain during or after exercise?  Do you get tired more quickly than your friends do during exercise?  Have you ever had racing of your heart or skipped heartbeats?  Have you be had any problems with pain or swelling after injury?  Have you be had a spraim, strain, or swelling after injury?  Have you be had a spraim, strain, or swelling in muscles, tendons, bones, or joints?  Have you had high blood pressure or high cholesterol?  Have you ever been told you have a heart murmar?  Have you ever been told you have a heart murmar?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Abo you last we denied or restricted your participation in sports for any heart problems?  Do you lase weight regularly to meet weight requirements for your sport?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a seizure?  Do you have any current skin problems (for example, itching, rashes, acne, warrs, fungus, or histers)?  Have you ever had a seizure?  Do you have any current skin problems (for example, itching, rashes, acne, warrs, fungus, or histers)?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a seizure?  Do you have any current skin problems (for example, itching, rashes, acne, warrs, fungus, or histers)?  Have you ever had nead injury or concussion?  Have you ever had nead injury or concussi					144	disease?					
Have you ever had a rash or hives develop during or after exercise?					10.	devices that aren't usu	ally used for your sport or po-	sition (for			
Have you ever passed out during or after exercise?   Do you wear glasses, contacts, or protective cyewear?   Do you wear glasses, contacts, or protective cyewear?   Do you get tired more quickly than your friends do during exercise?   Have you ever had a sprain, strain, or swelling after injury?   Have you ever had chest pain during or after exercise?   Have you broken or fractured any bones or dislocated any joints?   Have you ever had racing of your heart or skipped heartbeats?   Have you broken or fractured any bones or dislocated any joints?   Have you had high blood pressure or high cholesterol?   Have you be and explain below.   High Has any family member or relative died of heart problems or of sudden death before age 50?   Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?   Base a physician ever denied or restricted your participation in sports for any heart problems?   Do you have any current skin problems (for example, itching, rashes, acne, warts, fingus, or histers?)   Have you ever had a head injury or concussion?   Have you ever had a seizure?   Do you have frequent or severe headaches?   Explain "Yes" answers, on a separate sheet   Do you have frequent or severe headaches?   Explain "Yes" answers, on a separate sheet   Do you have frequent or severe headaches?   Lindent of the participation in activities. I unders 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 or personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned stum any be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and or inquiry concerning the student's eligibility to participate and or inquiry concerning the student's eligibility to participate and or inquiry concerning the student											
Have you ever been dizzy during or after exercise?  Have you ever had chest pain during or after exercise?  Do you get tired more quickly than your friends do during exercise?  Have you ever had a sprain, strain, or swelling after injury?  Have you broken or fractured any bones or dislocated any joints?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you ever had racing of your heart or skipped hearbeats?  Have you ever been told you have a heart murmur?  Have you ever been told you have a heart murmur?  Have you ever been told you have a heart murmur?  Have you ever been told you have a heart murmur?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Do you have any current skin problems (for example, itching, rashes, acne, wars, fingus, or bisters)?  Have you ever had a head injury or concussion?  Have you ever had a head injury or concussion?  Have you ever had a seizure?  Do you have frequent or severe headaches?  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 unders 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 o personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student or participate in activities. I unders 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 o personnel properly trained. I further acknowledge and consent that, as a condition f				235.10	11.	Have you had any pro	blems with your eyes or visio	n?			
Have you ever had chest pain during or after exercise?  Do you get tired more quickly than your friends do during exercise?  Have you ever had racing of your heart or skipped heartbeats?  Have you had any other problems with pain or swelling in muscles, tendons, bonos, or joints?  Have you had high blood pressure or high cholesterol?  Have you ever been told you have a heart murmur?  Has any family member or relative died of heart problems or of sudden death before age 50?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Has a physician ever denied or restricted your participation in sports for any heart problems?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever had a head injury or concussion?  Have you ever had a seizure?  Do you have frequent or severe headaches?  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 unders 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 o personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student to observable been published and the confidentiality of such identifying information about the above-mentioned student to observable been published and the confidentiality of such identifying information about the above-mentioned student or observable been published and the confidentiality of such identifying information about the above-mentioned student or observable been published and the such information has not otherwise been published and the problems of the	5.		_	33.0		Do you wear glasses,	contacts, or protective eyewea	177			
Do you get tired more quickly than your friends do during exercise?  Have you ever had racing of your heart or skipped heartbeats?   Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?   Have you had high blood pressure or high cholesterol?   If yes, check appropriate box and explain below.   Have you ever been told you have a heart murmur?   If yes, check appropriate box and explain below.   Have you ever been told you have a heart murmur?   If yes, check appropriate box and explain below.   Have you ever been told you have a heart murmur?   If yes, check appropriate box and explain below.   Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?   If yes you want to weigh more or less than you do now?   If yes you want to weigh more or less than y				833	12.	Have you ever had a s	sprain, strain, or swelling after	injury?			
exercise?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  Have you had high blood pressure or high cholesterol?  Have you ever been told you have a heart murmur?  Have you ever been told you have a heart murmur?  Has any family member or relative died of heart problems or of sudden death before age 50?  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Has a physician ever denied or restricted your participation in sports for any heart problems?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever had a head injury or concussion?  Have you ever been knocked out, become unconscious, or lost your memory?  Have you ever had a seizure?  Do you have frequent or severe headaches?  The above information is correct to the hest of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I underst may be disclosed to OSSAA in connection with any investigation or insury concerning the student's eligibility to participate and/or any possible violation of OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publication.						joints?  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  If yes, check appropriate box and explain below.		ed any			
Have you had high blood pressure or high cholesterol?								П			
Have you ever been told you have a heart murmur?		Have you ever had racing of your heart or skipped heartbeats?									
Have you ever been told you have a heart murmur?    Has any family member or relative died of heart problems or of sudden death before age 50?   Chest		Have you had high blood pressure or high cholesterol?						□ Hin			
of sudden death before age 50?         Chest     Hand     Shin/calf   Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		Have you ever been told you have a heart murmur?				T. 3	(A)				
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  Has a physician ever denied or restricted your participation in sports for any heart problems?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever had a head injury or concussion?  Have you ever head a head injury or concussion?  Have you ever head a seizure?  Do you have frequent or severe headaches?  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 underst 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 o personnel properly trained. I further acknowledge and consent that, as a condition for participate in activities, identifying information about the above-mentioned student so public violation of OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and on short whan or of OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been public.		of sudden death before age 50?					7 (47)				
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