

Athlete: _____

School: _____



Sports Physical Exam Packet

Cost: \$10.00
Provided by: UC Health and Nova Care
Date: Tue, May 20, 2014
Time: 5:30 pm
Location: Colerain High School
(Career Center Building)

**No appointments: First come, first served*

**This entire packet (all paperwork) must be completed and signed before the physical exam begins or you can participate*

OHSAA High School Eligibility Checklist

Before you play, you must be eligible. Please review the following checklist with your parents. Unchecked boxes will likely mean you are NOT eligible. For questions, see your principal or athletic administrator.

- I am officially enrolled in an OHSAA member high school.
- I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.
- I received passing grades in at least five one credit courses or the equivalent, each of which count toward graduation, during my last grading period.
- I have at least one parent living in Ohio.
- I have not changed schools without a corresponding move by my parents or legal guardian or by qualifying for one of the exceptions to the OHSAA transfer regulation.
- If I have changed schools (transferred), I have followed up with my previous school and my new school to ensure that all proper forms have been submitted to the OHSAA.
- I have not been enrolled in high school for more than eight semesters.
- I did not turn 19 before August 1, 2014.
- I have not received an award, equipment or prize valued at greater than \$200 per item.
- I am competing under my true name and have provided my school with my correct home address.
- I have not competed in a **mandatory** open gym/facility, conditioning or instructional program.
- I have not been coached or provided instruction by a school coach in a team sport or cross country, track & field and wrestling other than during my sport season or for no more than 10 days between June 1 and July 31 (applies to team sports only).
- I am not competing on a non-school team during my school team's season.
- I have not been recruited to attend this school.
- I am not using anabolic steroids or other performance-enhancing drugs.
- I have had a physical examination within the past year and it is on file at my school.

Student-Athlete: _____ Date: _____

Parent/Guardian: _____ Date: _____



PREPARTICIPATION PHYSICAL EVALUATION 2014-2015

HISTORY FORM

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner. The medical examiner should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Address _____

Emergency Contact: _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

- Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

Table with columns: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS. Includes questions 1-21.

Table with columns: BONE AND JOINT QUESTIONS - CONTINUED. Includes questions 22-25.

Table with columns: MEDICAL QUESTIONS, FEMALES ONLY. Includes questions 26-54.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance Yes No If yes, family insurance company name and policy number: _____



THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Table with 16 rows of questions and 2 columns (Yes/No). Questions include: 1. Type of disability, 2. Date of disability, 3. Classification, 4. Cause of disability, 5. List the sports you are interested in playing, 6-16. Do you regularly use a brace, assistive device or prosthetic? Do you use a special brace or assistive device for sports? Do you have any rashes, pressure sores, or any other skin problems? Do you have a hearing loss? Do you use a hearing aid? Do you have a visual impairment? Do you have any special devices for bowel or bladder function? Do you have burning or discomfort when urinating? Have you had autonomic dysreflexia? Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness? Do you have muscle spasticity? Do you have frequent seizures that cannot be controlled by medication?

Explain "yes" answers here

Please indicate if you have ever had any of the following.

Table with 16 rows of conditions and 2 columns (Yes/No). Conditions include: Atlantoaxial instability, X-ray evaluation for atlantoaxial instability, Dislocated joints (more than one), Easy bleeding, Enlarged spleen, Hepatitis, Osteopenia or osteoporosis, Difficulty controlling bowel, Difficulty controlling bladder, Numbness or tingling in arms or hands, Numbness or tingling in legs or feet, Weakness in arms or hands, Weakness in legs or feet, Recent change in coordination, Recent change in ability to walk, Spina bifida, Latex allergy.

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of Student _____ Signature of parent/guardian _____ Date: _____



PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet or use condoms?
 - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		DATE OF EXAMINATION _____	
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat Pupils equal Hearing			
Lymph nodes			
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)			
Pulses Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional Duck walk, single leg hop			

^aConsider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third part present is recommended.

^cConsider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not Cleared
 - Pending further evaluation
 - For any sports
 - For certain sports _____

Reason _____
Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____
Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



OHSAA AUTHORIZATION FORM 2014-2015

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature _____

Birth date of Student, including year _____

Name of Student's personal representative, if applicable _____

I am the Student's (check one): Parent Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable _____

Date _____

A copy of this signed form has been provided to the student or his/her personal representative

2014-2015 Ohio High School Athletic Association Eligibility and Authorization Statement

This document is to be signed by the participant from an OHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the **OHSAA Student Athlete Eligibility Guide** which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA web site at www.ohsaa.org.

I understand that an OHSAA member school must adhere to all rules and regulations that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.

I understand that participation in interscholastic athletics is a privilege not a right.

Student Code of Responsibility

As a student athlete, I understand and accept the following responsibilities:

I will respect the rights and beliefs of others and will treat others with courtesy and consideration.

I will be fully responsible for my own actions and the consequences of my actions.

I will respect the property of others.

I will respect and obey the rules of my school and laws of my community, state and country.

I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period of time as determined by the principal.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.

To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school I consent to the release to the OHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.

I consent to the OHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

I understand that if I drop a class, take course work through Post Secondary Enrollment Option, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

I have read and signed the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.

By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

***Must Be Signed Before Physical Examination**

Student's Signature _____ Birth date _____ Grade in School _____ Date _____

Parent's or Guardian's Signature _____ Date _____

**Northwest Local School District
Athletic/Performing Groups' Participation Consent Form**

Northwest Board of Education policy, in accordance with Ohio High School Athletic Association Regulations and Ohio Revised Code, requires that the Participation Consent Form be signed and returned to the school before students may try out or participate in any Northwest Board of Education sponsored athletic/performing group activity. This form is valid for one school year (August 1 – July 31).

General Code of Conduct for Athletes and Members of Performing Groups

Violation(s) of any of the following rules may lead to the denial of the privilege of participating with a team or performing group.

1. All participants in athletic programs must meet the eligibility requirements set forth by the OHSAA and Northwest Board of Education.*
2. ~~Athletes and members of performing groups are expected to exemplify good sportsmanship and follow the district code of regulations for conduct of students, however, the following prohibitions are expanded to cover all times that a student is a team member.~~
 - a. Possession/use/under the influence of narcotics, alcoholic beverages, dangerous drugs or other potentially dangerous substances.
 - b. Possession of or use of tobacco. (Athlete-all times; members of performing group while performing or practicing as a group member)
 - c. Acts of vandalism.
 - d. Possession of a weapon.
3. Participants are expected to follow all rules/regulations developed by the coaches/sponsors and approved by the building principal.
4. Students shall not wear clothing or jewelry that promotes alcohol, drugs, or other harmful substances, nor shall students wear jewelry that creates a danger to the wearer or others. Students shall not wear articles of clothing that are adorned with sexually suggestive slogans, profanity, lewd pictures, or that which may be offensive to a student's religion, race or national origin.
5. Hair must be kept clean and worn in a style which does not create a distraction to the educational environment and learning climate.
6. Student athletes/performers are directed to wear school issued equipment/uniforms for practice and game competitions only. It is not to be worn at any social events, school use, or through the community unless permission is granted by the Athletic Director.
7. All participants in athletic or performing group programs are to be transported to and from away events only by school approved transportation. District transportation regulations will be in effect during all trips. (Occasionally participants may be permitted to use an alternate means of transportation after submitting the proper transportation waiver forms.
8. The student must be in attendance for all classes on the day of the performance or game to participate in the event. If a student is not in attendance for all classes on the school day of the event, he/she may participate only with the approval of the athletic director and/or building principal. In the case of a Saturday event, the student must have been present for all classes on Friday. If the student was absent on Friday, the student can participate on Saturday only with the approval of the athletic director and/or building principal.
9. Any student disciplinarily removed from or quitting an athletic team after the season has begun, forfeits the right to all awards and participation fees connected with the program, and is ineligible to participate in other athletic activities or conditioning programs until the end of that sport season.
10. Participants are financially responsible for participation fees and equipment and uniforms issued. Participants must return equipment and uniforms promptly after the end of the season. Those who fail to meet this obligation will have their awards and credits held and will not be permitted to try out for another team.
11. Neither the school nor the school district is responsible for money, clothes, or other items lost, stolen, or damaged while in the locker room.
12. Students must report all injuries to their coach/sponsor.
13. A doctor's release is necessary before a student will be permitted to participate after sustaining an injury/problem requiring a doctor's care.
14. Participants must remain on the sidelines (or bench) if there is an altercation on the field/court/mat/etc.
15. These rules and the coach's/sponsor's rules for each team or group will be a) given to each member of the team or group, b) discussed with participants, and c) posted in respective locker rooms.

**Ohio High School Athletic Association scholarship bylaw requires high school and 7th/8th grade students to receive passing grades in a "minimum of five (5) one-credit courses or the equivalent" to maintain eligibility.*

Copies of Board of Education policies, Ohio High School Athletic Association policies on Scholastic Eligibility and Athletic and Performing Groups' Disciplinary Procedures are available upon request from principals and/or athletic directors. We acknowledge that we are aware that

_____ may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in any of the following sports/activities: football, soccer, volleyball, cross country, basketball, wrestling, track, baseball, softball, diving, swimming, golf, tennis, bowling, gymnastics, cheerleading, wrestlettes, drill team, flag corps, statisticians, managers, student trainers, weight training, and in-season and out-of-season conditioning, or any other board approved activity. With full knowledge and understanding of the risk of serious injury we grant permission to participate in any of the sports/activities mentioned above and available at the school. We are aware that when schools are closed for calamity days (such as inclement weather), all extracurricular activities will be cancelled during regular school hours. Principals may approve activities after regular school hours, however, no penalties will be assessed to students unable to attend the activities. We understand that first aid or emergency treatment may be provided by designated athletic trainers. **We also have adequate insurance to cover any injuries incurred by the student while participating in an athletic or performing group program.** We are aware that a policy is offered through the school at the beginning of the year. Furthermore, we will not hold any school organization responsible for injuries received while participating as a member of an athletic or performing group program. By signing this form, the parent(s) and student are acknowledging that they have read, understand and agree to follow the General Code of Conduct, are aware of the inherent dangers of participation in athletic/performing groups and are giving permission for the student to travel with the athletic or performing group. The parent and student also give permission for the student's name, photo, and performance statistics to be shared with the media and to be posted on the school, district and/or league websites.

Signature of Student _____

Date _____

Signature of Parent/Guardian _____

Date _____

EMERGENCY MEDICAL AUTHORIZATION

REVISED 9/08

School _____
Student Name _____ Gender _____ Date of Birth _____
Student ID # _____ Grade _____ Homeroom _____ Telephone Number _____
Address _____ City _____ State _____ Zip code _____
Student Lives with ___ Mother ___ Father ___ Both ___ Guardian ___ Foster (Check one)

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the school's authority, when parents or guardians cannot be reached.

A. Residential Parent/Guardian (Parent or guardian who resides with the student)
Parent/Guardian Name _____ Daytime Phone _____ Alternate # _____
Email Address _____
Place of Employment _____
Other Parent Name _____ Daytime Phone _____ Alternate # _____
Address (if different than student) _____
Place of Employment _____
Other Emergency contact _____ Daytime Phone _____ Alternate # _____
Relationship _____
Other Emergency contact _____ Daytime Phone _____ Alternate # _____
Relationship _____ Alternate # _____

B. Name of Childcare Provider
Name _____ Relationship _____
Address _____ Phone _____

***** PART I OR PART II MUST BE COMPLETED AND SIGNED *****

PART I - MUST BE COMPLETED TO GRANT CONSENT: I hereby give consent for the following medical care providers/local hospital to be called

Doctor's Name _____ Phone Number _____
Dentist's Name _____ Phone Number _____
Local Hospital _____ Phone Number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____
Address _____

PART II - REFUSAL TO CONSENT - DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action.

Date _____ Signature of Parent/Guardian _____
Address _____