

Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION March 2013-June 2014

Page 1 of 6

Name Sox Age Grade School Sport(s) Address Sport(s) Relationship Rel					D. A. (112)	
Address Emergency Conflect						
Emergency Coolect: Release ist 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 altergies? Yes No If yes, please identify specific altergy below.						
Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herball and nutritional-including energy drinks/ protein supplements) that you are currently taking Do you have any altergies? Yes No If yes, please identify specific altergy below.						
Medicines and Allergies: Please list the prescription and over-the counter medicines and supplements (herball 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.	hone	(H)(W)	(Cell) _		(Email)	
Explain "Vest" answers below. Circle questions you don't know the answers to EMERIAN CUSTIONS. 1. Has a doctor ever defined or restricted your participation in sports for any reason? 2. Do you have any organity medical conditions? If so, please identify below: Althma Anemia Diabetes Infections Other: 3. Have you over spent the night in the hospiral? 4. Have you over spent the night in the hospiral? 5. Have you over spent the night in the hospiral? 6. Have you over spent the night in the hospiral? 7. Does you have any entity of the state o	Do y	ntly taking bu have any allergies? Yes No If yes, please identify specific al	lergy be	,		
Secretary Collections Yes No 1 1 1 1 1 1 1 1 1						
1. Has a doctor ever defined or restricted your participation is sports for any reason? 2. Do you have any origing medical conditiona? If so, please identify below. Althma Annehia Diabeles Infections Other. 3. Have you ever sport the right in the hospital? 4. Have you ever sport the right in the hospital? 5. Mave you ever sport the right in the hospital? 6. Have you ever sport the right in the hospital? 7. Does you have seep and the right in the hospital? 7. Does you have sport the disconfort, pain, fightness, or pressure in your chest during ever had a disconfort, pain, fightness, or pressure in your chest during ever had seen services? 7. Does you have a right you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you have any heart problems? If so, check all the socious ever lidit you that you here so, heart name with socious ever lidit and barroes, edit observed a less fire you heart? (For example, E.C.G.E.K.G., education) and indications nonconticlosistic from only within the past nonthi? 7. Have you ever had an unexplained sectious? 8. Has a doctor ever rolled at less fire your heart? (For example, E.C.G.E.K.G., education) and indications nonconticlosistic from your heart of the problems? 9. Has a doctor ever rolled at less fire your heart? (For example, E.C.G.E.K.G., education) and indications nonconticlosistic from your section of the limit of the problems? 9. Has a sylvane with an all the problems and an inexplained sections? 9. Has a						/ac 1 1
reason? 2. Do you have any ongoing medical conditions? If iso, please identify below: Asthma. Anemia. Diabetes. Infections Other: 3. Have you ever had discontinue in the injent in the hospital? 4. Have you ever had discontinue or nearly passed out DURNIG or AFTER exacted? 5. Heave you ever had discontinue, pain, lightness, or pressure in your chest diving exercise? 7. Does your heart ever ace or skip beals (irregular beals) during exercise? 9. Has a doctor ever bird you hall you have any heart problems? If iso, check all that apply: 1. High cholesterol	14.7. AT JAN (14.		162	ino.		(S)
below: Asthma Anemia Diabetes Infections Other: Other: Other: See Superior		reason?				
Other: 3. Have you ever had surger? HART HEALTH QUESTIONS ABOUT YOU 5. Have you ever had discomfort, pain, fightness, or pressure in your chest during exercise? 6. Have you ever had discomfort, pain, fightness, or pressure in your chest during exercise? 8. Have you ever had discomfort, pain, fightness, or pressure in your chest during exercise? 8. Has a doctor ever old you belt you have any heart problems? If so, check all that apply: 9. High blood pressure 9. High blood pressure 9. Has a doctor ever old you belt you have any heart problems? If so, check all that apply: 9. Has a doctor ever old you belt you have any heart problems? If so, check all that apply: 9. Has a doctor ever old you belt you have any heart problems? If so, check all that apply: 9. Has a doctor ever oldered a lest for your heart? (For example, ECGEKG, exchocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizures? 12. Do you get more tied or short of breath more quickly than your friends during exercise? 13. Have you ever had an unexplained seizures of the problems or had an unexpected of unexplained seizures or had an unexpected of unexplained seizures, or have difficulty breathing during or after exercise? 10. Do you get more tread or skip both you have an interplained seizures or problems and the problems or problems or had an unexpected or service or skip problems and the problems or services? 10. Do you get more tied or short of breath more quickly than your friends during exercise? 11. Have you ever had an unexplained seizures or had an unexpected or unexplained seizures or ha	2.					
4. Have you ever had surger? 4. Have you ever had an unexplained seizure? 5. No you cough, wheeze, or have difficulty breathing during exercise? 6. Here you ever had an unexplained seizure? 7. Does you heart ever race or skip beals (irregular beals) during exercise? 8. Has a doctor ever toff you that you have any heart problems? If so, check all that apply: 8. Has a doctor ever toff you that you have any heart problems? If so, check all that apply: 9. High blood pressure O A heart memur 1. High blood pressure O Heart infection 9. Kawasakit disease Other: 10. Do you get a light plant or explained seizure? 11. Have you ever had an unexplained seizure? 12. Do you get more ired of short of breath more quickly than your friends during exercise? 13. Have you ever had an unexplained seizure? 14. Does anyone in your family who have any heart problems or had an unexplained car accident, or sudden infart death syndrome)? 15. Open any exercise? 16. Has any harmly member or relative died of heart problems or had an unexplained car accident, or sudden infart death syndrome)? 17. Does now had not imply to a bone, muscle, ilgament, or tendon that caused you to miss a practice or game? 18. Have you ever had an innexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 19. Open you get more in your family had unexplained fairting, unexplained seizures, or near drowning? 29. Open you get your					25. Do you have any history of juvenile arthritis or connective tissue disease?	
## No Services of the properties of the properti	3.	Have you ever spent the night in the hospital?		1	MEDICAL QUESTIONS Y	es 1
5. Have you ever hasted out or nearly passed out DURING or AFTER exercise? 6. Have you ever had discomfort, pain, fightness, or pressure in your chest during exercise? 7. Does your heart ever rice or skip beals (irregular beals) during exercise? 8. Has a doctor ever toth you that you have any heart problems? If so, check all that apply: 1. High blood pressure A heart murmur High cholesterol A heart infection Chawasald disease Other. 1. Has a doctor ever toth you that you have any heart problems? If so, check all that apply: 1. Has a doctor ever toth you that you have any heart problems? If so, check all that apply: 1. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardigciam) 1. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardigciam) 1. Have you ever had an unexplained selzure? 1. Do you get lighthreaded or feel more short of breath more quickly than your friends during exercise? 1. Have you ever had an unexplained selzure? 1. Do you get lighthreaded or release died of heart problems or had an unexplained solden death before age 50 (including drowning, unexplained as cooleden, or sudem infinal death syndrome)? 1. Does anyone in your family have hybertrophic cardiomyopathy, Marfan syndrome, anythronoge, including venticular lackfore, and in the syndrome, anythronoge, including venticular lackfore, and in the syndrome, or catecholarimengic polymorphic venticular lackfore, and in final death syndrome)? 1. Do you were allowed the wind the syndrome or general were dead of the anythrologic accident, or sudem infinal death syndrome)? 1. Do you were protective eyeware, such as goggles or a face sheld? 1. Do you were protective eyeware, such as goggles or a face sheld? 2. Do you were that an enstrual period? 3. Have you ever had an earing diouter? 3			0.000			
exercise? d. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 8. Has a doctor ever fixed you that you have any heart problems? If so, check all that apply: 9. Has a doctor ever fixed you that you have any heart problems? If so, check all that apply: 9. Has a doctor ever fixed you that you have any heart problems? If so, check all that apply: 9. Has a doctor ever offered a lest for your heart? (For example, ECG/EKG, echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more feed or short of breath than expected during exercise? 13. Has any gou ever had an unexplained seizure? 14. Have you ever had an unexplained sudden death before age 50 (including drowting, unexplained cardiomyposthy, king Q1 syndrome, shyldimogenic right verificultier cardiomyposthy, king Q1 syndrome, short Q1 syndrome, shing ad skinder, an eye, a festicle (males), your speak and poblems? 31. Have you had a hepes (cold soores) or MRSA (stably) skin infection? 33. Have you ever had an little abed his potion and an unexplained sudden death before age 50 (including drowting, une			Yes	No	100	$-\!\!\!+\!\!\!\!-$
6. Have you ever had discomfort, pain, lightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip beals (irregular beals) during exercise? 8. Has a doctor ever tolk you that you have any heart problems? If so, check all that apply: 9. High blood pressure A heart murmur High cholesterol A heart infection Kawasaki disease Other: 9. Has a doctor ever ordere a lest for your heart? (For example, ECG/EKG, echocardiogram) 10. Do you get lightnesded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained setzure? 12. Do you get lightnesded or feel more short of breath more quickly than your friends during exercise? 13. Have you ever had an unexplained setzure? 14. Does anyone in your family have a hyertrophic cardiomyopathy, Marfan syndrome, anythimtopenic rolled rolled more floor of syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular stokycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted deficibilities? 16. Has a syndrome, short QI syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular stokycardia? 17. Does anyone in your family have a heart problem, pacemaker, or implanted deficibilities? 18. Have you ever had an injury to a bone, muscle, ligament, or tendor that caused you to miss a practice or grame? 19. Have you ever had an injury to a bone, muscle, ligament, or tendor that caused you to miss a practice or grame? 19. Have you ever head an injury to a bone, muscle, ligament, or tendors, thereby, a blace, a cause of you to miss a practice or grame? 19. Have you ever head an injury to a bone, muscle, ligament, or tendors, thereby, a blace, a caused you to miss a practice or grame? 19. Have you ever head an injury that required x-rays, MRI, CT scan, injections, therapy, a blace, a caused you to miss a practice or grame? 19. Have you ever head an injury that required x-rays, MRI, CT scan, injections, therapy, a blace, accased you were the and an i	J.					+
 7. Does your heart ever race or skip beals (irregular beals) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ High hobesterol ☐ Has a doctor ever roll read that infection ☐ High hobesterol ☐ Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardogram) 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardogram) 10. Do you get fightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more titled or short of breath more quickly than your friends during exercise? 13. Has any family rember or relative did of of heart problems or had an unexpected or unexplained sudden death before age 50 (including domning, unexplained car accident, or audden infant death syndrome)? 14. Does anyone in your family have hyportropic cardiomyopathy, long QT syndrome, anythimogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular scardomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular scardomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long QT syndrome, short QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long QT syndrome, sort QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long QT syndrome, short QT syndrome, succeptive geyever, such as goggles or a face shield? 15. Does anyone in your family have bread that you do not so a procedure of game? 16. Have you ever had an injury fat required xrays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 17. Have you ever	6.					
8. Has a doctor ever fold you that you have any heart problems? If so, check all that apply: □ High blood pressure □ High cholesterol □ A heart intection □ Kawasaki disease □ Cher. 8. Has a doctor ever ordered a last for your heart? (For example, ECG/EKG, echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get lightheaded or feel more short of breath than expected during exercise? 13. Have you ever had an unexplained seizure? 14. Have you ever had an unexplained seizure? 15. Do you get more tired or short of breath more quickly than your friends during exercise? 16. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (fucluding forward), unexplained car accident, or sudden infent death syndrome)? 16. Has any one in your family have hypertropic cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyogathy, long OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular teahycardia? 18. Have you ever had an injury that required x-xays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 19. Have you ever had an injury that required x-xays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	7					
all that appty: High blood pressure A heart nummr High cholesterol A heart infection Kawasaki disease Other: Share a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)						+
High blood pressure	v.					+
prolonged headaches, or memory problems? 1. Has a doctor ever ordered a lest for your heart? (For example, ECG/EKG, echocardiogram) 1. Do you get lightheaded or feel more short of breath than expected during exercise? 1. Have you ever had an unexplained seizure? 1. Do you get more tired or short of breath more quickly than your friends during exercise? 1. Have you ever had an unexplained seizure? 1. Do you get more tired or short of breath more quickly than your friends during exercise? 1. Has any family member or relative died of heart problems or had an unexplained car accident, or sudden infant death syndrome)? 1. Bas any family member or relative died of heart problems or had an unexplained car accident, or sudden infant death syndrome)? 1. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short Off syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachypcardia? 1. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you wore had		☐ High blood pressure ☐ A heart murmur				
9. Has a doctor ever ordered a lest for your heart? (For example, ECG/EKG, echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Have you ever had an unexplained seizure? 14. Do you get more tired or short of breath more quickly than your friends during exercise? 15. Do you family have hardened and the fore age 50 (including drowning, unexplained car accident, or sudden infant death syndrome?) 16. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrythmogenic right ventricular cardiomyopathy, Marfan syndrome, arrythmogenic right ventricular tachycarda? 16. Does anyone in your family have a heatt problem, pacemaker, or implanted defibrillator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a tenure factured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a siress fracture? 21. Have you ever had an sigury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 22. Have you ever had an sigury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 23. How one were head an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		· ·				
echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, king QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted deficililator? 16. Has any sone in your family have a heart problem, pacemaker, or implanted deficililator? 17. Have you were had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you were had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 19. Have you were had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 20. Have you were had as stess fracture? 21. Have you were had as stess fracture? 22. Have you were had as stess fracture? 23. Have you ever had an unexplained seizures, or or short of breath more quickly than your friends defined from that caused you to miss a practice or game? 23. Have you ever had an eating disorder? 24. Do you war protective eyewear, such as goggles or a face shield? 24. Do you war protective eyewear, such as goggles or a face shield? 25. Do you war protective eyewear, such as goggles or a face shield? 26. Do you were protective eyewear, such as goggles or a face shield? 27. Do you war protective eyewear, such as goggles or a face shield? 28. Are you tyring to gain or lose weight? Has anyone recommended that you do? 29. Have you ever had an eating disorder? 29. Have you ever had an injury to a pone, muscle, ligament, or tendon that caused you find t	~					+
10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Has any family member or relative died of heart problems or had an unexplained seizures are unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short Of syndrome, floring as syndrome, short Of syndrome, floring as yndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long QT syndrome, floring as yndrome, short Of syndrome, floring as yndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	J .					+
11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY. 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, Brugada syndrome, or catecholarminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to bone, muscle, ligament, or tendon that caused you to miss a practice or game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a ninjury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Have you ever had a ninjury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 24. Do you get recome ill while exercising in the heat? 24. Do you get recome in your family have sckle cell trait or disease? 24. Have you ever had an injury to a redive death before age so finctuding death syndrome)? 25. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 26. Do you wear protective eyewear, such as goggles or a face shield? 27. Do you wear protective eyewear, such as goggles or a face shield? 28. Are you or an sevenil muscle cramps with your eyes or vision? 29. Have you ever had an injury to a bone, muscle, ligament, or tendon th	10.	Do you get lightheaded or feel more short of breath than expected during				
12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrythtmogenic right ventricular cardiomyopathy, king QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 20. Have you ever had a sitess fracture? 21. Have you ever had a sitess fracture? 22. Have you ever had a sitess fracture? 23. Have you ever become ill while exercising in the heat? 44. Do you or someone in your samely have sickle cell trait or disease? 43. Have you had an eye injury? 45. Do you wear glasses or contact lenses? 46. Do you wear protective gewear, such as goggles or a face shield? 47. Do you wear protective gewear, such as goggles or a face shield? 47. Do you wear protective gewear, such as goggles or a face shield? 48. Are you trying to gain or lose weight? Has anyone frecommended that you do? 49. Are you or a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder? 51. Do you have any concems that you would like to discuss with a doctor? 52. Have you ever had an inju		· · · · · · · · · · · · · · · · · · ·	Ļ	<u> </u>		
during exercise? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrythtmogenic right ventricular cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 20. Have you ever had a sitess fracture? 21. Have you ever had a sitess fracture? 22. Have you ever had a sitess fracture? 23. How you ever had a menstrual period? 44. Have you mer protective eyewear, such as goggles or a face shield? 45. Do you wear protective eyewear, such as goggles or a face shield? 46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you wear protective eyewear, such as goggles or a face shield? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 49. Are you on a special diet or do you avoid certain types of foods? 50. Have you ever had an enstrual period? 51. Do you have any concerns that you would like to discuss with a doctor? 52. Have you ever had a menstrual period? 53. How old were you when you had jurt that last 12 months? Explain "yes" answers here Explain "yes" answers here		· ·	-			$-\!\!\!+\!\!\!\!-$
HEART. HEALTH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, and syndrome, or short QT syndrome, and syndrome, QT syndrome, and syndrome, Q	īZ.					+
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 44. Have you had an eye injury? 45. Do you wear glasses or contact lenses? 46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you wear protective eyewear, such as goggles or a face shield? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? polymorphic ventricular tachycardia? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 49. Are you on a special diet or do you avoid certain types of foods? 48. Are you ever had an eating disorder? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 50. Have you ever had an eating disorder? 51. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you wear protective eyewear, such as goggles or a face shield? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 50. Have you ever had an eating disorder? 51. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you wear protective eyewear, such as goggles or a face shield? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 50. Have you ever had an eating disorder? 51. Do you wear protective eyewear, such as goggles or a face shield? 52. Have you ever had an eye injury? 53. Are you trying to gain or lose weight? Has anyone recommended that you do? 50. Have you ever had an eye injury have any concerns that you would like to discuss with a doctor? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months? 55. Have you ever had an injury have any concerns that you were had an eye injury? 56. Do you wear protective eyewear, such as goggles or a face shield? 57. Do you wear protective eyewear, such as goggles or a face shield? 58. Are you trying to gain or lose weight? 59. Have you ever had an eating disorder? 59. Have	HEAF	T HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No		士
drowning, unexplained car accident, or sudden infant death syndrome)? 45. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrythtmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 46. Do you wear glasses or contact lenses? 47. Do you wear glasses or contact lenses? 48. Do you wear glasses or contact lenses? 49. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your weight? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 49. Are you or a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder? 51. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY 52. Have you ever had a menstrual period? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months? Explain "yes" answers here Explain "yes" answers here	13.					
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arryhthmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had an stress fracture? 21. Have you ever had an vou family have hypertrophic cardiomyopathy, Marfan syndrome, arryhthmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your weight? 48. Are you trying to gain or lose weight? Has anyone recommended that you do? 49. Are you on a special diet or do you avoid cartain types of foods? 50. Have you ever had a eating disorder? 51. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY 52. Have you ever had a menstrual period? 53. How old were you when you had in the last 12 months? Explain "yes" answers here Explain "yes" answers here						
syndrome, arryhthmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an ybroken or fractured bones or dislocated joints? 19. Have you ever had an strace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had on holy of the fractured bones or have you had on x-ray for neck	14.					+
polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck		syndrome, arryhthmogenic right ventricular cardiomyopathy, long QT			47. Do you worry about your weight?	
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone or fractured bones or distocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had ninjury that you had en x-ray for neck						—
defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had on x-ray for neck	15.			\vdash		_
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? BONE AND JOINT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had an injury to a bone or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck	•					\dashv
BONE AND JOINT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck	16.				FEMALES ONLY	
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck	RANI		Yae	No		
18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck				20,000		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck						
20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck		Have you ever had an injury that required x-rays, MRI, CT scan, injections,			Explain "yes" answers here	
21. Have you ever been told that you have or have you had an x-ray for neck	20			$\vdash\vdash\vdash$		
				$\vdash \vdash \vdash$	1	



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION March 2013-June 2014 THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

Page 2 of 6

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS S	PECIAL NEEDS OR A DISABILITY.
Date of Exam	
Name	
Sex Age Grade School	Sport(s)
1. Type of disability	
Date of disability	
Classification (if available)	
Cause of disability (birth, disease, accident/trauma, other)	
List the sports you are interested in playing	
Do you regularly use a brace, assistive device or prosthetic?	Yes No.
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?	
10. Do you have a visual impairment?	
11. Do you have any special devices for bowel or bladder function?	
12. Do you have burning or discomfort when urinating?	
13. Have you had autonomic dysreflexia?	,
14. Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?	
15. Do you have muscle spasticity?	
16. Do you have frequent seizures that cannot be controlled by medication?	The state of the s
Please indicate if you have ever had any of the following. Atlantoaxial instability	Yes No
X-ray evaluation for atlantoaxial instability Dislocated joints (more than one)	
Easy bleeding	
Enlarged spieen	
Hepatiús	
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 bilida	
Latex allergy	
Explain "yes" answers here	
ereby State that, to the best of my knowledge, my answers to the above questions are complete an	decreet



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION March 2013-June 2014

Page 3 of 6

Ρ	Н	Υ	SI	CA	L E	X٨	۱М	IN	A	ΓI	0	N	F	O	R	١	
---	---	---	----	----	-----	----	----	----	---	----	---	---	---	---	---	---	--

Name	Date of birt	
DINCICIAN DENINDEDO		

PHYSICIAN REMINDERS

- 1. 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?
- 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATI	ON					0.00											
Height					Weight			(□ Ma	ale	□ Fe	male					
BP	1	(1)	Pulse		Vision R	R 20/	L2	0/		Corrected	<u> </u>	ΠY	□N		
MEDICAL						10.00				NORMAL		ı	ABNORA	IAL FIN	DINGS	100	
Appearance	,													_	_		_
Marfan sti	igmata (kyphoscol	liosis, hig	jh-arche	ed pala	ate, pectus	excavatum, ara	chnodactyly,										
	> height, hyperlax	city, myo	pia, MV	P, aor	tic insufficie	ency)											
Eyes/ears/no	ose/throat																
Pupils equ	ual																
Hearing																	
Lymph node)\$																
Heart																	
	(auscultation stan				alva)												
	of the point of ma	ximal imp	pulse (P	Mi)					_								
Pulses																	
	eous femoral and	radial pu	ises														
Lungs									\perp								
Abdomen											<u> </u>						
	ry (males only)																
Skin									ĺ								
	sions suggestive	e of MR	SA, tine	ea co	rporis				_								
Neurologic			arceloille (ile	2010A11A120A1													
Intiffication of the control of the	SKELETAL									To the second							
Neck									\bot								
Back									\perp								
Shoulder/a									\perp								
Elbow/forea	arm																
Wrist/hand/	/fingers				·				┙								
Hip/thigh																	
Knee																	
Leg/ankle																	
Foot/toes																	
Functional																	
Duck wa	alk, single leg ho	ac															

^{*}Consider 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.

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

PREPARTICIPATION PHYSICAL EVALUATION March 2013-June 2014

Page 4 of 6

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 recommer	ndations for further evaluation or treatmer	nt for	
□ Not Cleared			
☐ Pending further evaluation			
☐ For any sports			
☐ For certain sports			
Recommendations			
to practice and participate in the sport(s) as outlined al request of the parents. In the event that the examination arise after the student has been cleared for participation completely explained to the alhlete (and parents/guard	bove. A copy of the physical exam is on on is conducted en masse at the schoo on, the physician may rescind the clear lians).	on record in n ol, the school ance until the	administrator shall retain a copy of the PPE. If condition problem is resolved and the potential consequences are
Address	Mark Mark Mark Mark Mark Mark Mark Mark		Date of Exam Phone
Signature of physician/medical examiner			, MD, DO, D.C., P.A. or A.N.P
EMERGENCY INFORMATION			
Personal Physician			
In case of Emergency, contact	ethora-	Phon	9
Allergies			
Other Information	100 - 100 -	75	
	,		
	AMERICA (A.C.)		

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 2013-2014

I hereby authorize the release and disclosure of the personal health information of("School").	('Student'), as described below, to
The information described below may be released to the School principal or assistant school nurse or other member of the School's administrative staff as necessary to evaluating but not limited to interscholastic sports programs, physical education classes	aluate the Student's eligibility to participate in school sponsored activities,
Personal health information of the Student which may be released and disclosed inclue eligibility to participate in school sponsored activities, including but not limited to the P School prior to determining eligibility of the Student to participate in classroom or othe treatment of injuries which the Student incurred while engaging in school sponsored a and other records as necessary to determine the Student's physical fitness to participate.	Pre-participation Evaluation form or other similar document required by the or School sponsored activities; records of the evaluation, diagnosis and activities, including but not limited to practice sessions, training and competition
The personal health information described above may be released or disclosed to the health care professional retained by the School to perform physical examinations to d activities or to provide treatment to students injured while participating in such activities their services or volunteer their time to the School; or any other EMT, hospital, physici injury or other condition incurred by the student while participating in school sponsore	etermine the Student's eligibility to participate in certain school sponsored es, whether or not such physicians or other health care professionals are paid for ian or other health care professional who evaluates, diagnoses or treats an
I understand that the School has requested this authorization to release or disclose the Student's health and ability to participate in certain school sponsored and classroc covered by federal HIPAA privacy regulations, and the information described below m privacy regulations. I also understand that the School is covered under the federal requestion that the school is covered under the federal requestion of the school is covered under the federal requestion of the school is covered under the federal requestion of the school is covered under the federal requestion of the school is covered under the federal requestion of the school is covered under the federal requestion of the school is covered under the school is covere	om activities, and that the School is a not a health care provider or health plan hay be redisclosed and may not continue to be protected by the federal HIPAA quiations that govern the privacy of educational records, and that the personal
I also understand that health care providers and health plans may not condition the protection that the Student's participation in certain school sponsored activities may be conditioned or	ovision of treatment or payment on the signing of this authorization; however, n the signing of this authorization.
I understand that I may revoke this authorization in writing at any time, except to the e authorization, by sending a written revocation to the school principal (or designee) who	xtent that action has been taken by a health care provider in reliance on this ose 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	e school.
NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION A THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS	MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF S 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 (docum	entation must be provided)
Signature of Student's personal representative, if applicable	 Date

2013-2014 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.

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:

- 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.
- 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.
- 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.
- 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 <u>Concussion Information Sheet</u> 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