OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

PHYSICAL EXAMINATION (Physical examination must be performed on or after May 1 for the following school year.)

Name				Date of Birth	Grade	S	school Name:	
EXAMIN	IATION							
Height		V	Veight	Sex	at Birth: Ma	e Fem	ale	
BP	/ (/)	Pulse	Vision R 20/	L 20/		Corrected? Y	N
MEDICA	L					1	NORMAL	ABNORMAL FINDINGS
Appeara	ance							
				te, pectus excavatum, arach	modactyly,			
		perlaxity, myop	ia, MVP, aorti	c insufficiency				
	rs/nose/thr	oat						
Pupils ed Hearing								
Lymph								
Heart	noucs							
	rs (auscultat	ion standing, su	oine, +/- Valsal	va)				
		maximal impuls		,		$\overline{}$		
Pulses	•	1	• /					
Simultan	neous femora	al and radial puls	ses					
Lungs								
Abdom	ien							
Skin								
HSV, les	sions sugges	tive of MRSA, tir	nea corporis					
Neurolo	ogic							
MUSCUL	LOSKELET	AL						
		NORMAL	ABNORM	AL FINDINGS			NORMAL	ABNORMAL FINDINGS
Neck					Knee			
Back					Leg/an	kle		
	,							
Shoulder/					Foot/to			
Shoulder/ Elbow/for	rearm				Function	nal		
Shoulder/ Elbow/for Wrist/han	rearm nd/fingers				Function Duck-w	nal alk, single		
Shoulder/ Elbow/for Wrist/han Hip/thigh	rearm nd/fingers				Function Duck-w leg hop	onal alk, single		
Shoulder/ Elbow/for Wrist/han Hip/thigh	rearm nd/fingers	s without restrict	ion □ Clear	red for all sports without re	Function Duck-w leg hop	onal alk, single	ations for further e	valuation or treatment for
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared	rearm nd/fingers n for all sport	☐ Pending furth	ner evaluation	☐ For any activities	Function Function	onal alk, single	ations for further e	valuation or treatment for
Shoulder/ Elbow/for Wrist/han Hip/thigh	rearm nd/fingers n for all sport	☐ Pending furth	ner evaluation		Function Function	onal alk, single	ations for further e	valuation or treatment for
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea	rearm nd/fingers n for all sport	Pending furth	ner evaluation	☐ For any activities	Function Duck-welleg hop	onal alk, single recommend		valuation or treatment for
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clear Reason Recommen	rearm nd/fingers n for all sport ared C ndations	Pending furth	ner evaluation	☐ For any activities	Function Duck-welleg hop	onal alk, single recommend		
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea Reason Recommen	rearm nd/fingers n for all sport ared C ndations	Pending furth	ner evaluation	For any activities completed the prepar	Function Duck-welleg hop striction with	onal alk, single recommend	luation. The ath	lete does not present apparent clinica
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea Reason Recommen I have exa contraindio	rearm nd/fingers n for all sport ared candations nmined the cations to j	Pending furth above-named practice and pa	student and	For any activities I completed the prepar the activities outlined a	Function Duck-welleg hope striction with ticipation ple bove. A cop	onal alk, single recommend recommend rysical eva	luation. The ath	lete does not present apparent clinica n record in my office and can be made
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea Reason Recommen I have exa contraindic available to	for all sport ared mulations minded the cations to joe the school	Pending furth above-named practice and pool at the reque	student and	For any activities I completed the prepare the activities outlined a cents. If conditions arise	Function Duck-welleg hop striction with ticipation ple bove. A copafter the attribute the striction with the striction with the striction ple bove.	nal alk, single recommend sysical eva y of the ph lete has be	luation. The ath hysical exam is c	lete does not present apparent clinica n record in my office and can be made articipation, the physician may rescinc
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea Reason Recommen I have exa contraindic available to	for all sport ared mulations minded the cations to joe the school	Pending furth above-named practice and pool at the reque	student and	For any activities I completed the prepare the activities outlined a cents. If conditions arise	Function Duck-welleg hop striction with ticipation ple bove. A copafter the attribute the striction with the striction with the striction ple bove.	nal alk, single recommend sysical eva y of the ph lete has be	luation. The ath hysical exam is c	lete does not present apparent clinica n record in my office and can be made
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Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea Reason Recommen I have exa contraindic available to	rearm and/fingers for all sport ared cared car	Pending furth above-named practice and pol at the reque e problem is re	student and articipate in st of the pare solved and th	For any activities I completed the prepar the activities outlined a ents. If conditions arise ne potential consequence	Function Duck-welleg hop striction with ticipation played bove. A copafter the attest are complete the striction between the striction with the st	nal alk, single recommend recommend of the ph lete has be etely expla	luation. The ath rysical exam is c een cleared for p ined to the athle	lete does not present apparent clinica n record in my office and can be made articipation, the physician may rescinc
Shoulder/ Elbow/for Wrist/han Hip/thigh Cleared Not clea Reason Recommen I have exa contraindic available to the clearan	rearm and/fingers for all sport ared C andations mined the cations to jo the school the school the cation to jo the school the	above-named practice and pool at the reque e problem is re	student and articipate in a st of the pare solved and the	For any activities I completed the prepar the activities outlined a ents. If conditions arise the potential consequence	Function Duck-welleg hop striction with ticipation ple bove. A copafter the attention are completely after the attention of the striction with the	nal alk, single recommend y of the ph lete has be etely expla	luation. The ath sysical exam is c een cleared for p sined to the athle	lete does not present apparent clinica in record in my office and can be made articipation, the physician may rescinc te (and parents/guardians).

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

SIGNATURE OF STUDENT_



DATE____

PARENT/GUARDIAN CONSENT FORM (To be retained by member school with history and parent consent forms)	
STUDENT NAME:	
DATE OF BIRTH:	
SCHOOL:	
The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care caphysicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition factivities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any invest concerning the student's eligibility to participate in/or any possible violation of OSSAA rules. OSSAA will undertake reasonaintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly of manner.	an be instituted by for participating in tigation or inquiry onable measure to
SIGNATURE OF PARENT/ GUARDIANDATE	