

**Note: This form must be completed for all 9<sup>th</sup> – 12<sup>th</sup> grade students who plan to participate in school athletics. Students will not be permitted to practice or play in any OVCA sporting events until this form is completed and turned in to the school office.**

**A To be completed by student or parent:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Parent Name(s): \_\_\_\_\_ Phone: (H) \_\_\_\_\_  
Phone: (C) \_\_\_\_\_

**B To be completed by physician:**

PHYSICAL EXAMINATION: Leave items blank if normal and sign statement below.

Weight \_\_\_\_\_ Height \_\_\_\_\_ General Appearance \_\_\_\_\_

Dental Inspection: Cavities? \_\_\_\_\_ Dentures? \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ With Glasses: \_\_\_\_\_

- Are glasses needed in sports? \_\_\_\_\_

General Health:

- Ear, nose, throat, respiratory: \_\_\_\_\_
- Cardio-vascular system: \_\_\_\_\_
- Glandular observations: \_\_\_\_\_
- Gastro-intestinal system: \_\_\_\_\_
- Genitourinary system: \_\_\_\_\_
- Neuromuscular system: \_\_\_\_\_
- Orthopedic Observations: \_\_\_\_\_

Major health problems and recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In my opinion, \_\_\_\_\_ *is / is not* fit to participate in athletics.  
(Student Name) (Circle One)

If applicable, this student (high school boy, age 14) *is / is not* able to compete at the varsity level of football.  
(Circle One)

Comments or restrictions: \_\_\_\_\_  
\_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_