

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

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

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 15. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared
 () Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

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Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- Inherited conditions present at birth of the heart muscle (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- Inherited conditions present at birth of the electrical system: Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- NonInherited conditions (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- Conditions not present at birth but acquired later in life: Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- Idiopathic: Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

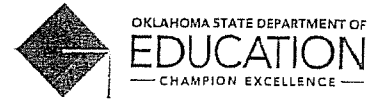
What are the warning signs that Sudden Cardiac Arrest may occur?

- Fainting, passing out, or seizure - especially during or right after exercise
- Chest pain or discomfort - especially with exercise
- Excessive Shortness of breath - with exercise
- Racing heart or irregular heartbeat - with no apparent reason
- Dizziness or lightheadedness - especially with exercise
- Unusual Fatigue/Weakness - with exercise
- Fainting - from emotional excitement, emotional distress, or being startled
- Family history of sudden cardiac arrest prior to the age of 50

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.



Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

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- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

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Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards---IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBrainInjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

Concussion and Head Injury Acknowledgement

(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by _____ related to potential
(NAME OF SCHOOL)
concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

(NAME OF SCHOOL)

athletics and I, _____

(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by

(NAME OF SCHOOL)

related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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