

OSSAA PHYSICAL FORM (UPDATED APRIL 2026)



Last Name: _____ First Name: _____ Age: _____ Date of Birth: ____/____/20____

Grade (2026-2027): _____ Student ID#: _____ Sex: _____ Activity: _____ Date of Exam: ____/____/20____

List any past and current medical conditions (asthma, diabetes, anemia, etc.). _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little or no interest in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	YES	NO	
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?			
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART QUESTIONS ABOUT YOUR FAMILY	UNSURE	YES	NO
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS) Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
BONE AND JOINT QUESTIONS	YES	NO	
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or a game?			

BONE AND JOINT QUESTIONS (cont.)	YES	NO	
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS	YES	NO	
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
20. Have you had a concussion or a head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been able to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or someone in your family have sickle cell trait or disease?	UNSURE		
24. Have you ever had, or do you have any problems with your eyes or vision?			
25. Do you worry about your weight?			
26. Are you trying to or has someone recommended that you gain or lose weight?			
27. Are you on a special diet or do you avoid certain types of foods or food groups?			
28. Have you ever had an eating disorder?			
MENSTRUAL QUESTIONS	N/A	YES	NO
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here:

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. I (we) hereby state, to the best of my (our) knowledge, my (our) answers to above questions are complete and correct.

Signature of athlete: _____

Date: ____/____/____

Signature of parent or guardian: _____

Date: ____/____/____

OSSAA PHYSICAL FORM (UPDATED APRIL 2026)



Last Name: _____ First Name: _____ Age: _____ Date of Birth: ____/____/20____

Grade (2026-2027): _____ Student ID# _____ Sex: _____ Activity: _____ Date of Exam: ____/____/20____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance ● Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat ● Pupils equal ● Hearing		
Lymph nodes		
Heart ● Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin ● Herpes simplex virus (HSV), lesions of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional ● Double-leg squat test, single leg squat test, and box drop or step drop test		

- Medically eligible for all activity without restriction
- Medically eligible for all activity with recommendations for further evaluation or treatment of: _____
- Medically eligible for certain activity: _____
- Not medically eligible pending further evaluation for: _____
- Not medically eligible for any activity

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The individual does not have apparent clinical contraindications to practice and can practice in the sports(s) as outlined on this form. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care provider (print or type): _____ Date: ____/____/____

Address: _____ Phone: _____

Signature of health care professional: _____

Athletes' Information Sheet

(Please Print)

Athletes' Current Grade: _____

Athletes' Name: _____

Athletes' Phone#: (Cell) _____

Parents/Guardians Phone#: (Home) _____

(Cell) _____

Parents/Guardians E-Mail: _____

Address: _____

City: _____ **Zip:** _____

Please list names of any other person your child will be allowed to leave away games with (person must be 18 years or older and can not be a student unless it is a sibling).



PHYSICAL EVALUATION FORM AND PARENTAL CONSENT

No student shall be eligible to represent his/her school in athletics or marching band until there is on file with the school a physical examination and parental consent certificate.

All physicals for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular activity. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation.

The pre-participation evaluation form is designed to identify risk factors prior to participation by way of a thorough medical history and physical examination. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations.

1. The most current version of the OSSAA PPE form should be used; any other form used must contain a minimum of the information requested on the OSSAA PPE form.
2. The PPE Form must be signed and completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. SIGNATURES
 - The person administering the PPE's signature must be hand-written and dated. No signature stamps will be accepted.
 - The parent/guardian signatures must be hand-written and dated.
 - The student-athlete signature must be hand-written and dated.

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 to participate in activities. I understand the risk of injury with 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 in/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 _____

DATE _____

SIGNATURE OF STUDENT _____

DATE _____

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 _____
(NAME OF SCHOOL)
related to potential concussions and head injuries occurring during participation in activities.

I, _____ as a student who participates in activities

and I, _____

(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)
as the parent/legal guardian, have read the information material provided to us
by _____ related to concussions and head injuries occurring during
(NAME OF SCHOOL)
participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

This form should be completed annually prior to the student'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.

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.

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

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

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.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing 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 current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***



FOR EDUCATIONAL AND INFORMATIONAL PURPOSES
(NOT REQUIRED FOR FULFILLMENT OF PHYSICAL FORM)

YOUR PARTNER IN
**Protecting Your Child's
Heart**



My HeartCheck

PREVENTATIVE
Youth Heart Screenings

WHY have your child tested?

Every year, more than 40,000 children are born with a heart defect. While some are found at birth, many go undetected. Even more concerning, certain conditions don't appear until later in childhood or adolescence—when they can lead to sudden cardiac arrest without warning.

That's why early detection is critical.

My HeartCheck was developed with guidance from the Mayo Clinic and Johns Hopkins to identify hidden heart conditions before they become serious. In fact, our screening program is one of the most advanced and accessible options available today.

Based in the Kansas City area, we proudly serve families across **Kansas, Missouri, Iowa, Nebraska, Oklahoma, Texas, and Colorado**. We've screened over 18,000 kids—and that number continues to grow.

Ultimately, if there's a way to prevent tragedy, wouldn't you want to take it?

Don't wait. Schedule your child's HeartCheck today. MyHeartCheck.org

SIGNATURE PAGE

Please read the statement below then sign and return this form acknowledging the Caney Valley Policies for Extracurricular Activities.

Acknowledgement of Athletic Handbook

I have read and understand the requirements of the Athletic Handbook and the Athlete Code of Conduct which is posted on the school website and available in print upon request. I understand that I am expected to perform according to the rules of the Caney Valley School District, Student and Athletic Handbooks and Athlete Code of Conduct. I further understand that there may be sanctions or penalties if I do not.

By signing below, I acknowledge that I have read the policies and I understand the responsibilities of competing in extra-curricular activities for Caney Valley Public Schools.

Print Name of Student-Athlete

Signature of Student-Athlete

Date

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date