

**Owego Free Academy**  
**1 Sheldon Guile Boulevard**  
**Owego, New York 13827**

**Ronald M. Pierce**  
Principal



Telephone: (607) 687-6230  
Fax: (607) 687-6244

June 25, 2007  
Dear Parent/Athlete:

Fall Sports Physicals will be held at **Owego Free Academy** on **JULY 18<sup>th</sup>** and **JULY 31<sup>st</sup>**.  
The physicals will be given by the Guthrie Sports Medicine Department.

**\*\* Students enrolled in summer school who need physicals are to report at the end of their classes. Absences for physicals will not be permitted. If you are unable to make the scheduled date/time, you must call the athletic office to be scheduled for the alternate physical date. Make-ups will be done by appointments only. \*\***

The physicals will be given as follows:

WEDNESDAY, JULY 18 <sup>th</sup>	
Girls Soccer (Varsity, JV & Mod)	8:00 – 9:30
Field Hockey (Varsity, JV & Mod)	9:30 – 10:30
Girls Tennis (Varsity & Mod)	
Cheerleading & Girls Cross Country (Varsity & JV & Mod)	10:30 – 11:30
<b>**LUNCH**</b>	
Girls Swimming (Varsity & Mod)	1:00 – 2:00
Girls Volleyball (Varsity, JV, & Mod)	1:00 – 2:00
Make-ups <b>BY APPT. ONLY</b>	2:00

**\*\*\*\*PLEASE WEAR SHORTS\*\*\*\***

TUESDAY, JULY 31 <sup>st</sup>	
Football (Modified)	8:00 – 9:15
Football (Varsity & JV)	9:30 – 11:00
Golf (Varsity & Mod)	11:00 – 12:00
<b>**LUNCH**</b>	
Boys Soccer (Varsity & JV & Mod)	1:00 – 2:30
Boys Cross Country (Varsity & Mod)	1:30 – 2:30
Make-ups <b>BY APPT. ONLY</b>	2:30

Enclosed is a health form that **MUST** be filled out completely, signed by a parent/guardian and brought with you to your physical. Your physical **WILL NOT BE GIVEN WITHOUT THIS FORM**. If you have two or more children of the same sex playing different sports, they can be done during the same time slot.

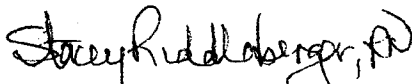
If you are unable to be here for your scheduled physical for any reason, parents will be responsible for the physical with your own physician. **PLEASE, USE OUR HEALTH FORM AND RETURN IT TO THE ATHLETIC OFFICE.**

If for any reason your child is not cleared for his/her sport and is referred to your family physician, any expenses that your physician charges for an exam, tests, etc. necessary for clearing a student athlete for participation are the parent's responsibility.

If your child is injured while playing a sport, the parents and/or insurance is responsible for the coverage of the injury. The school's insurance is only a secondary carrier. If your child is injured while participating, make sure an accident report is on file in the nurse's office.

Thank-you for your cooperation. If you have any questions, please call the school nurse in your child's building or the athletic office.

Sincerely,



Stacey Riddleberger, RN  
School Nurse OFA  
687-6240



R. Thomas Bryant  
Athletic Director  
687-6232



Michelle Jenkins RN  
School Nurse OAMS  
687-6251

**OACSD PRE-PARTICIPATION PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 SPORT: \_\_\_\_\_ PERSONAL PHYSICIAN: \_\_\_\_\_  
 PHYSICIAN ADDRESS: \_\_\_\_\_

**COMPLETE THIS SECTION IF YOU DO NOT NEED A SPORTS PHYSICAL AT THIS TIME:**

Since your last physical has there been any:	YES	NO	DATE AND DESCRIPTION
1. Injury requiring medical attention?	_____	_____	_____
2. Illness lasting more than five (5) days?	_____	_____	_____
3. Medication or physician's care?	_____	_____	_____
4. Feeling of faintness, dizziness, or fatigue with exertion?	_____	_____	_____
5. Glasses or contact lenses?	_____	_____	_____
6. Allergy:	_____	_____	_____
7. Surgical operation or fracture?	_____	_____	_____
8. Treatment in a hospital or emergency room?	_____	_____	_____
9. Any concerns regarding you participation in a sport?	_____	_____	_____

Additional comments, if necessary: \_\_\_\_\_

**COMPLETE THIS SECTION IF YOU DO NEED A SPORTS PHYSICAL AT THIS TIME:**

	YES	NO	DATE AND DESCRIPTION
1. Have you ever been hospitalized?	_____	_____	_____
2. Have you ever had surgery?	_____	_____	_____
3. Are you presently taking any medication or pills?	_____	_____	_____
4. Do you have any allergies (Medicine, bees, food?)	_____	_____	_____
5. Have you ever passed out during or after exercise?	_____	_____	_____
6. Have you ever been dizzy during or after exercise?	_____	_____	_____
7. Have you ever had chest pain during or after exercise?	_____	_____	_____
8. Do you tire more quickly than your friends during exercise?	_____	_____	_____
9. Have you ever had high blood pressure?	_____	_____	_____
10. Have you ever been told that you have a heart murmur?	_____	_____	_____
11. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____
12. Has anyone in your family died of heart problems or sudden death before age 50?	_____	_____	_____
13. Do you have any skin problems (itching, rashes, acne)?	_____	_____	_____
14. Have you ever had a head injury?	_____	_____	_____
15. Have you ever been knocked out or unconscious?	_____	_____	_____
16. Have you ever had a seizure?	_____	_____	_____
17. Have you ever had a stinger, burner or pinched nerve?	_____	_____	_____
18. Have you ever had heat illness?	_____	_____	_____
19. Do you smoke?	_____	_____	_____
20. Do you have trouble breathing or coughing during or after activity?	_____	_____	_____
21. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, glasses, contacts)?	_____	_____	_____
22. Have you had any problems with your eyes/vision/hearing?	_____	_____	_____
23. Are you concerned about your weight?	_____	_____	_____
24. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling, or other injuries of any bones or joints?	_____	_____	_____
___ Head ___ Shoulder ___ Thigh ___ Neck ___ Foot ___ Elbow ___ Back ___ Hip ___ Ankle ___ Wrist ___ Knee ___ Chest ___ Forearm ___ Shin/Calf			
25. Have you ever had any other medical problems (infectious mononucleosis, diabetes, etc)?	_____	_____	_____
26. Have you had a medical problem or injury since you last physical?	_____	_____	_____
27. When was your last tetanus shot?	_____	_____	_____
28. When was you last measles immunization?	_____	_____	_____
29. Are you missing function of an eye or kidney?	_____	_____	_____
GIRLS: When was your first menstrual period? _____ When was your last menstrual period? _____			
What was the longest time between your periods last year? _____			
BOYS: Do you have an undescended or missing testicle? _____			

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. I also agree to emergency medical treatments as deemed necessary by the designated school authorities.

Athlete's Signature: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL/SPORT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ PULSE/RESPIRATION: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ VISION: R / L / \_\_\_\_\_ CORRECTED: Y N  
\*\*\*\*\*

MEDICAL

SKIN: \_\_\_\_\_ SCOLIOSIS: \_\_\_\_\_  
HEENT: \_\_\_\_\_ ABD: \_\_\_\_\_  
HEART/LUNGS: \_\_\_\_\_ GENITAL: \_\_\_\_\_  
NEURO: \_\_\_\_\_ TANNER: \_\_\_\_\_  
\*\*\*\*\*

FLEXIBILITY

CERVICAL: \_\_\_\_\_ HIP FLEXORS: \_\_\_\_\_  
UE: \_\_\_\_\_ HAMSTRINGS: \_\_\_\_\_  
LB: \_\_\_\_\_ ACHILLES: \_\_\_\_\_  
OTHER: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_ NO SIGNIFICANT FINDINGS: \_\_\_\_\_  
\*\*\*\*\*

ORTHOPEDIC

UE: \_\_\_\_\_ LE: \_\_\_\_\_  
RECOMMENDATIONS: \_\_\_\_\_ NO SIGNIFICANT FINDINGS: \_\_\_\_\_  
\*\*\*\*\*

GAIT

RECOMMENDATIONS: \_\_\_\_\_ NO SIGNIFICANT FINDINGS: \_\_\_\_\_  
\*\*\*\*\*

EDUCATION

STRENGTHEN: \_\_\_\_\_ STRETCH: \_\_\_\_\_ OTHER: \_\_\_\_\_  
\*\*\*\*\*

CLEARANCE: (A check indicates qualification for the particular group of activities)

<u>CONTACT/COLLISION</u>	<u>LIMITED CONTACT/ IMPACT</u>	<u>STRENUOUS/ NONCONTACT</u>	<u>NONSTRENUOUS/ NONCONTACT</u>
Football	Baseball/Softball	Crew	Archery
Hockey (both field & ice)	Basketball	Cross-Country	Bowling
Lacrosse	Diving	Track and Field	Golf
Soccer	Gymnastics	Swimming	Riflery
Wrestling	Volleyball	Tennis	
	Skiing	Cheerleading	

REASON FOR DISQUALIFICATION: \_\_\_\_\_  
PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_