OHIO VALLEY FOOTBALL LEAGUE STUDENT PARTICIPATION AND PHYSICAL EXAM CARD

(PLEASE TIPE OR PR	•						
STUDENT'S NAME	LAST	FIRST	MIDDLE	BIRTH DATE	SEX	GRADE	
CITY				PLACE OF BIRTH			
STUDENT'S ADDRESS							
		STREET		CITY		ZIP	
PARENT(S) NAME						_	
ADDRESS (IF DIFFERE	NT THAN STUD	ENT)					
•		•		STREET			
CITY		ZIP		HOME PHONE NO.			
FAMILY PHYSICIAN'S	NAME, ADDRES	S, PHONE:					
1. HAS THIS ATHLETE E 2. IS THIS ATHLETE NOV 3. HAS ANY PHYSICIAN PARTICIPATION IN CO 4. DOES THIS ATHLETE 5. DOES THIS ATHLETE	VER HAD HOSPIT V UNDER THE CA EVER RECOMME MPETITIVE SPOR HAVE ANY KNOW WEAR GLASSES	ALIZATION, SURGE RE OF A PHYSICIA NDED OR DO YOU I RTS? IN ALLERGIES TO N OR CONTACT LENS	ATHLETE'S HISTO ERY, INJURY, OR SE N OR TAKING ANY FEEL THAT THERE MEDICATIONS? SES? GIVE DATE O	DRY ERIOUS MEDICAL ILLNESS? MEDICATION?SHOULD BE LIMITS PLACED F LAST EXAM IF "YES"	ON	YES NO	
6. HAS THIS ATHLETE E		UT OR LOST CONS	CIOUSNESS DURIN	IG PHYSICAL ACTIVITY?			
CLUDING PRACTICE SE	SSIONS AND TRA RY BY THE PHYS	IVEL TO AND FROM ICIANS DESIGNATE	A ATHLETIC CONTE	THE INTERSCHOLASTIC PRO EST. WE ALSO AGREE TO EMB ITHORITIES. WE HAVE READ	ERGENCY MEI	DICAL TREATMEN	
STUDENT		PA	RENT		DA.	TE	
STUDENT'S NAME			GRADE		OPTIONAL TESTS URINALYSIS		
				ALBUMIN	-		
HEIGHTW	EIGHT BP		PULSE				
ADMODMAL DUVEICAL	EINDINGS (INCL.)	IDING INFECTIOUS	PLOIDATACIOUS	MICRO (IF ABO	VE TEST ABNO	RMAL)	
ABNORMAL PHYSICAL FINDINGS (INCLUDING INFE OR CARDIOVASCULAR DISEASES):			s, contagious,	BLOOD COUN HGB OR HCT ORAL EXAM	production of the second of th		
				Marine Assimilar Carronian (1975-1987)			
RECOMMENDATIONS:	is date examined	I this student and t	that, on the basis o	of the examination requested on which would make it med	by the school	ol authorities	
student to compete in si	pervised athletic	activities (NOTE I	EXCEPTIONS ABO		-		
CICIAN C NAME AN	D ADDINESS (ST	Son On Fisher)			×-	***	
			PHYSICIAN'S P	HONE			