Orland High School Athletics
Health History - Health Coverage - Physical Examination

Student: _____ _____ Student ID# _____Grade Entering:____Age:____ Gender: M F
Last Name First Name

HEALTH RELATED HISTORY:

1. History of head injuries/concussion? Yes No
2. History of seizures, fainting, etc? Yes No
3. History of broken bone, or operations? Yes No
4. Does the student have dental appliances? Yes No
5. History allergies to drugs, pollen or food? Yes No
6. History of heart disease, or heart murmur? Yes No
7. History of Hernia Yes No
8. Family history of early death Yes No
9. List any medications student is currently taking:_____ _____
10. List any known allergies here:_____

Please provide your health insurance coverage information below. Orland USD provides student accident insurance, however, it does not replace a traditional health plan. Information for the district provided plan can be found at orlandusd.net under ***"forms."***

HEALTH CARE COVERAGE PLAN:

Name of carrier:_____

ID/Group #:_____

I certify that I hold the above insurance and hereby give my son/daughter permission to participate in the after-school athletic programs offered by OUSD. I will notify the school if my policy is terminated immediately.

Policyholder's signature:_____

_____ _____ _____ _____
Date Student Signature Date Parent Signature

Physician's Examination

Height:_____Weight:_____ Blood Pressure:_____
_____ Pulse:_____
Heart: RRR Murmur

Lungs: CTA_____ Extremities: No Scoliosis or Deformities_____
From this examination it is my opinion that this student **CAN** participate in competitive sport

_____ _____ _____
Date Print Name Signature of Physician

Athletes may randomly be tested for controlled substances throughout the school year.

Emergency Contact Information: The following people can be contacted in case of Emergency, and the following people may sign for and transport my son/daughter from athletic events after released by teams coach:

_____ _____ _____ _____
Name Number Name Number

_____ _____ _____ _____
Name Number Name Number