



ORLAND HIGH SCHOOL ATHLETICS HEALTH HISTORY -- HEALTH COVERAGE -- PHYSICAL EXAMINATION

Student's Name: _____ Grade: _____

Date of Birth: _____ Age: _____ Male: _____ Female _____

HEALTH RELATED HISTORY QUESTIONS

1. History of any head injuries? Yes No
2. History of convulsions, fainting spells, etc.
 Yes No
3. History of broken bones or fractures or operations?
 Yes No
4. Does student have dental appliances?
 Yes No
5. History of allergies to drugs, pollens or food?
 Yes No
6. History of rheumatic fever, heart disease or heart murmur?
 Yes No
7. History of ruptured eardrum? Yes No
8. History of hernia? Yes No
9. List any medications are currently taking:

10. Do you know of any reason why this student should not participate in a full athletic program? Yes No

11. List any allergies or other health related concerns.

AGNOWLEDGEMENT OF HEALTH INSURANCE COVERAGE

It is mandatory that you have insurance covering your son or daughter in order to participate in athletics at Orland High School.

HEALTH COVERAGE INSURANCE PLAN:

Name of your carrier _____

Identification/group No. _____

If you do not have a hospitalization plan, you may purchase a plan from Myers-Stevens & Toohey & Co., Inc. This health care plan form is available in the school office. Parents must submit payment to the OHS School Site Secretary to confirm the purchase of health coverage.

I certify that I hold the above insurance and hereby give my son/daughter permission to participate in the after-school athletic program offered by the Orland Unified School District. If for any reason these policies are terminated, I agree to notify the office immediately.

_____ Date Signature of Parent/Guardian

_____ Date Signature of Student

PHYSICIAN'S EXAMINATION

Height _____ Weight _____ Blood Pressure _____

Ear Drums _____ Teeth _____

Heart _____ Lungs _____

Hernia _____ Extremities _____

From this examination, it is my opinion this student can participate in competitive sports.

_____ Date Print Name

_____ Signature of Physician

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