

Oregon School for the Deaf  
**ATHLETIC PARTICIPATION PACKET**

Prior to competing in any practices, games, strength and conditioning sessions, and/or any athletic activities, the Oregon School for the Deaf Athletic Department requires all student-athletes to complete the following:

- **Annual Athletic Participation Packet** (completed and returned to OSD)
- **A current Sports Physical** (by your qualified health provider)
- **Payment of the Sports Fee** ( \$100 for Middle school and High school for the entire school year)

Parents/guardians are responsible for obtaining the athlete's own physical examination before arriving at OSD. Sports physicals are good for two years.

**Sports Fees are due at REGISTRATION (9/2/2025)**

**HIGH SCHOOL SPORTS:** \$100 fee covers ALL sports played during the school year. (Academic Bowl, Cross Country, E-Sports, Volleyball, Basketball, and Track & Field).

**MIDDLE SCHOOL SPORTS:** \$100 fee covers ALL sports played during the year. (Soccer, Volleyball, Basketball and Track & Field).

Our schedule of games can be found:

- Athletic page on our school's website: [www.osd.k12.or.us](http://www.osd.k12.or.us)
- Events' tab on our school's Facebook page
- Google calendar on our school's website homepage
- ParentSquare via Athletic Secretary
- HS Volleyball and Basketball on [www.osaa.org](http://www.osaa.org)
- MS/HS Track and HS CC on [www.athletic.net](http://www.athletic.net)

Student-Athletes are expected to attend all scheduled practice times, maintain a **2.0 GPA**, and have no behavior infractions to ensure they are eligible to play the scheduled games.

**It is mandatory for HS Student-Athletes to attend sports camp during August 17th to August 23rd.** Failure to do so will result in the Student-Athlete being ineligible to participate. Exceptions are possible once prior communication from parents/guardians has been received.

We're excited and look forward to sharing a great season with you and your child!

IT'S A GREAT DAY TO BE A PANTHER!

# OREGON SCHOOL FOR THE DEAF

## Athletic Department

999 Locust Street NE \* Salem, Oregon 97301 \* [osd.athletics@osd.k12.or.us](mailto:osd.athletics@osd.k12.or.us) \* 503-378-3826 \* 503-378-4701 FAX

### **2025-2026 STUDENT-ATHLETE PARTICIPATION AND WAIVER FORM**

(To be completed by Parent/Guardian – Please print clearly)

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred Pronouns: She/Her, He/Him, They/Their

Grade: \_\_\_\_\_ ☐ Male ☐ Female ☐ Non-Binary

Parent's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **CONTACT INFORMATION**

Home Phone (V or VP): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

First emergency contact/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Second emergency contact/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **MEDICAL TREATMENT PERMISSION & INSURANCE INFORMATION**

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for above named student. The school will not be responsible (financially or otherwise) for any medical care my child requires arising from athletic practices, games, or travel to such events.

Allergies and/or special medical attention (list medications carried by student): \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

#### **PLEASE CHECK ONE AND SIGN INITIALS**

\_\_\_\_ My son/daughter is currently covered by the following insurance policy:

Insurance Company: \_\_\_\_\_

Group/Agreement Account Number: \_\_\_\_\_

\_\_\_\_ I choose not to purchase private insurance. (I will be responsible, financially or otherwise, for all my child's medical needs).

#### **PARENT/GUARDIAN PERMIT**

I grant my student-athlete the privilege of participating in competitive school athletics. I hereby give my consent for my student-athlete to represent the Oregon School for the Deaf in athletic activities including team travel for local or out-of-town trips. I understand that they assume no financial or other responsibilities for any injury that may occur. I further acknowledge that injuries are an unfortunate occasional consequence of athletics participation. My student-athlete and I are aware of the inherent potential risk of catastrophic injury in any sports. I am advised that student-athletes are held responsible for all players' equipment owned and issued by the school. I also hereby give my consent for emergency medical treatment as deemed necessary by the Oregon School for the Deaf physician or authorized school representative.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **SPORTS PARTICIPATION**

My child is interested in participating in the following sports:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Soccer – MS        | <input type="checkbox"/> Volleyball – MS  | <input type="checkbox"/> Basketball – MS    | <input type="checkbox"/> Track/Field – MS |
| <input type="checkbox"/> Cross Country – HS | <input type="checkbox"/> Volleyball -- HS | <input type="checkbox"/> Basketball – HS    | <input type="checkbox"/> Track/Field – HS |
|   |   | <input type="checkbox"/> Academic Bowl - HS |   |
|   |   | <input type="checkbox"/> E-Sports – HS      |   |

## **AUTHORIZATION FOR STUDENT PHOTOGRAPH TO BE USED IN PUBLICATIONS**

As a student-athlete involved on an OSD sports team, there may be occasion for your student-athlete to be photographed for yearbook or journalism purposes. Because of this, it is necessary for you to give permission in advance for their photo to appear in these publications. Please keep in mind not every photograph taken will be in the publications and your student may not be included in any other photo than the team photo if present.

Please check one:

- ☐ **I give permission** for my student-athlete to have their picture taken and used in any publications.
- ☐ **I do not** give permission for my student-athlete to have their picture taken and used in any publication, including yearbook.

## **PERMISSION TO RELEASE PERSONAL IDENTIFIABLE STUDENT INFORMATION**

I am giving permission for the Oregon School Activities Association (OSAA) and Oregon School for the Deaf to use personal identifiable information (i.e. name, photograph, town of residence, and class in school) in various athletic schedules, rosters, programs, and they may also release the information to various media outlets for use in stories relating to school activities and/or athletics.

Please check one:

- ☐ **I give permission** for my student-athlete's personal identifiable information to be used in any publications.
- ☐ **I do not** give permission for my student-athlete's personal identifiable information to be used in any publications.

## **PERMISSION TO ATTEND OUT-OF-STATE EVENTS**

High School Athletics frequently attends out-of-state events chaperoned by coaches and staff. Detailed information will be presented prior to the first game of the season. Students over 18 years old must have a State ID in order to board an airport.

Please check one:

- ☐ **I give permission** for my student-athletes to attend **all** out-of-state events.
- ☐ **I give permission** for my student-athlete to attend **some** of the out-of-state events. The events I permit my student-athlete to participate in are:
- ☐ National Deaf Prep Cross Country Championships (Fall)
  - ☐ Western States Basketball Classic (Winter)
  - ☐ Academic Bowl Regionals (Winter)
  - ☐ Berg & Seeger Track & Field Classic (Spring)
  - ☐ All away games at Washington School for the Deaf (Fall & Winter)
- ☐ **I do not** give permission for my student-athlete to attend any out-of-state events.

Parent's/Guardian's Signature: \_\_\_\_\_

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

## **CODE OF ETHICS**

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

### **EXPECTATIONS FOR STUDENT ATHLETES**

As a student-athlete, I understand that it is my responsibility to:

- Place academic achievement as the highest priority.
- Show respect for teammates, opponents, officials and coaches.
- Respect the integrity and judgment of game officials.
- Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
- Maintain a high level of safety awareness.
- Refrain from the use of profanity, vulgarity and other offensive language and gestures.
- Adhere to the established rules and standards of the game to be played.
- Respect all equipment and use it safely and appropriately.
- Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs and anabolic steroids
- Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation
- Win with character, lose with dignity.

As a condition of membership on the Oregon athletic team, all student-athletes shall adopt and promote the Oregon School for the Deaf policies and mission.

### **EXPECTATIONS FOR PARENTS/GUARDIANS AND SPECTATORS**

As a Parent/Guardian and Spectator, I will:

1. Show proper respect for coaches, cheerleaders, officials and contestants as guests in the community.
2. Know that Coaches and Athletic Director have the right to keep a student-athlete from attending athletic events if his/her conduct is not appropriate.
3. Display good sportsmanship which is a concrete measure of the understanding and commitment to fair play, ethical behavior and integrity.
4. Respect the school property by not causing any damage to equipment of facilities.
5. Know that noise makers of any kind are not proper for indoor athletic events.
6. Be positive with your student-athlete. Let them know that they are accomplishing something by being part of the team.
7. Insist that the student-athletes respect team rules, school rules, and sportsmanship. Self-respect begins with self-control.
8. Share questions or concerns at an appropriate scheduled time with the Head Coach and Athletic Director. Please do not attempt to confront a coach before or after an athletic event.

**Student-Athlete's Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **EXPECTATIONS FOR COACHES**

As a Coach, I will:

1. Exemplify the highest moral character, behavior and leadership.
2. Respect the integrity and personality of the individual athlete.
3. Abide by the rules of the game both in letter and in spirit.
4. Demonstrate a mastery of, and continuing interest in coaching through professional improvement.
5. Encourage a respect for all athletes and their values.
6. Display modesty in victory and graciousness in defeat.
7. Promote ethical relationships among coaches.
8. Fulfill responsibilities to provide health services and an environment free of safety hazards.
9. Encourage the highest standards of conduct and scholastic achievement among all athletes.
10. Seek to instill good health habits including the establishment of sound training rules.
11. Strive to develop in each athlete the qualities of leadership, initiative and good judgment.

# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised April 2023

## HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Foods ☐ Stinging Insects

**Over the last two weeks, how often have you been bothered by any of the following problems?**  
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things: 0 1 2 3 Feeling down, depressed, or hopeless: 0 1 2 3

Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

**Explain "Yes" answers below. Circle questions you do not know the answers to.**

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you had a COVID-19 infection that required hospitalization?		
<b>THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART</b>	<b>YES</b>	<b>NO</b>
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
<b>THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.</b>	<b>YES</b>	<b>NO</b>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. 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)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
15. 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 game?		
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
<b>THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES</b>	<b>YES</b>	<b>NO</b>
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
<b>THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE</b>	<b>YES</b>	<b>NO</b>
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. How many periods have you had in the last 12 months? _____		

**Explain "yes" answers here:** \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

# School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised April 2023

## PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI %:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of Provider (print/type): \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.



# School Sports Pre-Participation Examination – Suggested Exam Protocol for Medical Provider *Revised May 2017*

## MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
  2. Normal S2
  3. No ejection or mid-systolic click
  4. Continuous diastolic murmur absent
  5. No early diastolic murmur
  6. Normal femoral pulses
- (Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

## CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

**Graduated, Step-wise Return-to-Participation Progression:** A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

**\*\*Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

### 581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated April 2023 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. If the form is produced from an electronic medical record, it must contain the following statement above the medical provider's signature line:  
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after May 1, 2018 and prior to May 1, 2023 must use the form dated May 2017.
4. Medical providers conducting physicals on or after May 1, 2023 and prior to May 1, 2024 may use either the form dated May 2017 or the form dated April 2023.
5. Medical providers conducting physicals on or after May 1, 2024 must use the form dated April 2023.

**NOTE:** The form can be found on the Oregon School Activities Association (OSAA) website at <https://www.osaa.org/health-safety>.

Statutory/Other Authority: ORS 326.051

Statutes/Other Implemented: ORS 336.479