



Mr. Philip J. Matilla
Director of Athletics
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Oley Valley School District

Oley Valley High School
17 Jefferson Street
Oley, PA 19547
610-987-4111
610-987-4300 fax

Fall Sports Physical Examination

NOTE: There is a \$15.00 charge for sports physicals. Please make all checks payable to the OVHS Athletic Fund.

Students must have the check at the time of physicals.

Friday, June 6th, 2008

Girls: 8:00 AM to 10:00 AM

Boys: 10:00 AM to 12:00 PM

Middle School Nurses' Suite

Note: Students who wish to participate in multiple sports will no longer need to have a recertification. Therefore, one physical per year will certify a student athlete for the entire school year.

Exception: The only exception to the above is if the student (a) suffers an illness or injury which renders the student unable to participate in 25% or more of the regular season contests in the immediately preceding sports season; and/or (b) suffers an illness or injury which resulted in absence from school for ten (10) or more days or which requires surgery. A recertification is required for each subsequent sports season if the student is subject to (a) or (b) above. The recertification forms will be available for these students prior to the winter or spring season.

Questions regarding sports physicals should be directed to the
Athletic Office at 610-987-4111

- First practice day for High School Sports is Monday, August 11th, 2008.
- First practice day for Middle School Sports will be no earlier than Monday, August 18th, 2008.

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**Please follow the directions for the appropriate scenario below.**

Scenario 1. I want to receive a sports physical from the school physicians to play a fall sport. Physicals will be conducted in a private room.

Direction 1. Please complete:

- \***Section 1:** Personal and Emergency Information (yellow form).
- \***Section 2:** Certification of Parent/Guardian (yellow form).  
Please be sure to complete and sign all parts: A, B, C, D, and E.
- \***Section 3:** Health History (yellow form). Please be sure to sign the bottom of the form. Please complete the Insurance Information sheet and Release form (2 sided pink form), and the Code of Responsibility form (green form). Hernia examinations will be conducted on all male students.
- \***Section 4:** To be completed by the physician (white form).

**Parents: Please be sure to sign all appropriate areas. Bring the completed physical packet and a \$15.00 check to the sports physicals on June 6<sup>th</sup>, 2008.**

~~~~~**OR**~~~~~

Scenario 2. I want to receive a sports physical from my private physician to play a fall sport. **The physical must be completed after June 1st, 2008.**

Direction 2. Please complete:

- ***Section 1:** Personal and Emergency Information (yellow form).
- ***Section 2:** Certification of Parent/Guardian (yellow form).
Please be sure to complete and sign all parts: A, B, C, D, and E.
- ***Section 3:** Health History (yellow form). Please be sure to sign the bottom of the form. Please complete the Insurance Information sheet and Release form (2 sided pink form), and the Code of Responsibility form (green form).
- ***Section 4:** Take the completed physical packet to your physician. Receive a physical from your physician and have him/her sign the PIAA Comprehensive Initial Pre-Participation Physical Evaluation and Certification of Physician (white form).

Parents: Please be sure to sign all appropriate areas. Return the completed physical packet to the Athletic Office ASAP or before the first day of fall sports practice.

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