



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

Winter 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.

Saturday, October 25th, 2008
9:00 AM to 11:00 AM
Middle School Nurses' Suite

Note: Students who wish to participate in multiple sports will no longer need to have a new physical for each sport. Therefore, one physical per year will certify a student athlete for the entire school year. **However, if a student-athlete is participating in a subsequent season, they must complete the recertification form. This is a two part form. If the athlete has not sustained a major injury, the parent or guardian must complete section 5. If the athlete has sustained a major injury, the parent or guardian must complete section 5 and a physician must complete section 6. All pertinent documents must be submitted to the athletic director's office prior to the first day of practice for each sport.**

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

- First practice day for High School Sports is Monday, November 17th, 2008.
- First practice day for Middle School Sports will be no earlier that Monday, November 24th, 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 winter 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.
- \*Section 4:** To be completed by the physician (white form).
- \*Also:** Please complete the Insurance Information and Informed Consent (2 sided pink form), and the Code of Responsibility form (green form). Hernia examinations will be conducted on all male students.

***Parents: Please be sure to sign all appropriate areas.  
Have your child bring the completed physical packet and a \$15.00 check  
to the sports physicals on October 25<sup>th</sup>, 2008.***

~~~~~OR~~~~~

Scenario 2. I want to receive a sports physical from my private physician to play a winter sport.

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.
- *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).
- *Also:** Please complete the Insurance Information and Informed Consent (2 sided pink form), and the Code of Responsibility form (green 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 winter sports practice.***

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