



2024-2025
ATHLETIC INFORMATION



2024-2025 ATHLETIC INFORMATION

Athletic Director Welcome

Dear Blanchet Catholic School Families,

I would like to take this opportunity to thank all of you for your fantastic support of the many activities and athletic programs here at Blanchet Catholic School. Whether we are parents, teachers, staff or simply Cavalier supporters, we are proud of our students as they dedicate and commit themselves to their chosen athletic endeavors.

The goal of our athletic programs is to help our student-athletes not only succeed in their sport, but also in life. We strive to follow our "CAVALIER VALUES" (Competitive, Accountable, Value ethics, Aggressive, Loyalty, Improvement, Energetic, and Respectful) which encourages good sportsmanship when representing Blanchet Catholic School and our community.

Included in this packet is an athletic clearance checklist, paperwork, and important dates and reminders about the upcoming seasons. If you have any questions please email the athletic department at athletics@blanchetcatholicschool.com.

We look forward to having you join our "Ohana"; our family. Family means no one is left behind or forgotten.

Mahalo,
Tina Pearson
Athletic Director

Fall Sports First Practice Times

Monday, Aug. 19th—First Day of High School Fall Sports Practice Times

Football: 5:30 p.m. to 8:00 p.m., Mountain West Stadium (MWS)

Soccer (Boys): 3:30 p.m. to 5:30 p.m., Mountain West Stadium (MWS)

Soccer (Girls): 3:00 p.m. to 6:00 p.m., Mountain West Stadium (MWS)

Volleyball: 9 a.m. to 11:30 a.m. and 2:30 p.m. to 5 p.m., Main Gym

Tuesday, Aug. 20th—High School Cross Country: 8 a.m. to 9 a.m., Bush Park, Meet at Derby Hill

Monday, Aug. 26th—First Day of Mid High Fall Sports Practice Times

Mid High Football: 3:30 p.m. to 5:30 p.m., Grass Field

Mid High Soccer (Coed): 4:00 p.m. to 5:30 p.m., Grass Field

Mid High Volleyball: 3:30 p.m. to 5:30 p.m., Aux Gym

Cross Country: 8 a.m. to 9 a.m., Bush Park, Meet at Derby Hill

Blanchet Catholic Athletics Clearance Checklist

CLEARANCE CHECKLIST

- ☐ Athletic Participation Form
- ☐ Concussion Waiver Form
- ☐ Physical Exam (Every 2 Years) *Football Is Every Year
- ☐ Athletic Fees Paid
\$150—\$150 for the first sport (\$200 for mid high and high school football), \$100 for the second sport; the 3rd sport is free. There is a 4 Sport Family Cap
- ☐ Student Must Have Insurance
- ☐ ImPACT Test release Online Form—<https://www.blanchetcatholicschool.com/impact-form.cfm>

(This form is only required for MH Football, HS Football, HS Volleyball, HS Soccer, HS Basketball, HS Baseball, and HS Softball)

*Completed forms can be emailed to athletics@blanchetcatholicschool.com, [Extra copies of these forms can be found at Blanchetcatholicschool.com under Athletics](#)

Blue Clearance Card Information and Pick Up Times

What is a BLUE CLEARANCE CARD?

Your student athlete must pick up a Blue Clearance Card from the athletic office once all paperwork has been turned in and fees have been paid. Use the above checklist for what is required. Coaches will not allow students to participate in practice until they receive a Blue Clearance Card.

Blue Clearance Card—Pick Up Times

Monday, August 12th—10:00 a.m. to 5:30 p.m.

Wednesday, August 14th—10:00 a.m. to 5:30 p.m.

2024-2025 Blanchet Sport Start Dates

HIGH SCHOOL

FALL—August 19th, 2024

Cross Country, Soccer, Football & Volleyball

WINTER—Nov. 18th, 2024

Basketball & Swimming

SPRING—March 3rd, 2025

Baseball, Golf, Softball, Tennis, Track & Field

MID HIGH

FALL—August 26th, 2024

Cross Country, Soccer, Football & Volleyball

WINTER

Girls Basketball—Oct. 28th, 2024

Boys Basketball—Jan. 6th, 2025

SPRING—March 10th, 2025

Baseball, Softball, Track & Field

ATHLETIC PASS—\$125

Family athletic passes are a great way to get access to most of Blanchet's home sports. Here is what your athletic pass will include:

Athletics: Allows entrance to all regular season home games for family members (parents, children and grandparents). Includes football, volleyball and basketball. Passes can be purchased in advance with the enclosed order form or at any home game at the main gate.



Athletic Business Sponsorships 2024-25

ANNUAL GYM SUPPORTER

Your business or family name will go on your very own Cavalier sign which will be displayed for all to see in our main gym on our Cavalier supporter wall.



PRINT ADVERTISEMENT

Create a business card size advertisement and have it printed in Blanchet's many publications. Choose from sports/drama programs (distributed at all drama productions, and some football, volleyball and basketball games), Cavalier Magazine (the school's parent, alumni, and donor newsletter magazine with a circulation over 1,800), yearbook, or all of the above!

BUSINESS SPONSORSHIP

Diamond Level (\$1,000 for 5 Years!)—This is our most extensive advertising package and includes the following: 2 ft. x 8 ft. gym signage, outdoor 2 ft. x 6 ft. banner on the softball, baseball or football fence, Gym Supporter sign, Presidents Report recognition, business card sized ad in the Cavalier Magazine, sports/drama programs and yearbook.

Platinum Level—This package includes the following to advertise your business: 2 ft. x 8 ft. gym signage, outdoor 2 ft. x 6 ft. banner on the softball, baseball or football fence, Gym Supporter sign, Program Sponsor, Presidents Report recognition, and a business card sized ad in the Cavalier Magazine, sports/drama programs and yearbook.

Gold Level—This is another great option for your business and includes: 11 in. x 8 ft. gym signage or an outdoor 2 ft. x 6 ft. banner on the softball, baseball or football fence, Gym Supporter sign, Presidents Report recognition, and your business' name listed in all sports/drama programs.

2024 – 2025 ADVERTISING OPPORTUNITIES

Please make your selections from the following: (See descriptions to the left)

ANNUAL GYM SUPPORTER

- ◆ Individual/Family Supporter \$100 ☐
- ◆ Business Supporter \$200 ☐

PRINT ADVERTISEMENT

- ◆ Cavalier Magazine \$200 ☐
- ◆ Yearbook \$200 ☐
- ◆ ALL OF THE ABOVE \$500 ☐

BUSINESS SPONSORSHIP

- ◆ Diamond Level \$5,000 ☐
(Can be paid over 5 Years at \$1,000 a year)
- ◆ Platinum Level \$2,500 ☐
- ◆ Gold Level \$500 ☐

TOTAL \$ _____

NAME _____ BUSINESS NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PAYMENT INFORMATION (Mail form and payment to Blanchet Catholic School)

☐ CASH ☐ CHECK ☐ VISA/MC GRAND TOTAL \$ _____

**Please make checks payable to Blanchet Catholic School*

NAME ON CARD: _____

Card # _____

Exp _____ CVV # (on back of card): _____

SIGNATURE: _____



4373 Market St. NE, Salem, OR 97301
jaclynbecker@blanchetcatholicschool.com
Office: 503-485-4490

Coach Contact Information

Varsity Football—justinhubbard@blanchetcatholicschool.com
Varsity Volleyball—peterpiexoto@blanchetcatholicschool.com
Girls Varsity Soccer—tinapearson@blanchetcatholicschool.com
Boys Varsity Soccer—zachramirez@blanchetcatholicschool.com
Cross Country—tonyalutz@blanchetcatholicschool.com
Girls Varsity Basketball—daniellewise@blanchetcatholicschool.com
Boys Varsity Basketball—hansrasmussen@blanchetcatholicschool.com
Swimming—paulhegney@blanchetcatholicschool.com
Varsity Softball—TBA
Varsity Baseball—TBA
Boys Tennis—kevinfitzpatrick@blanchetcatholicschool.com
Girls Tennis—bobweber@blanchetcatholicschool.com
Boys & Girls Golf—jeffjones@blanchetcatholicschool.com
Track & Field—davidmucken@blanchetcatholicschool.com

For questions regarding mid high athletics please email athletics@blanchetcatholicschool.com

BlanchetCAVS Family Mobile App



Looking up athletic schedules, receiving notifications and accessing forms has never been easier! Download the BlanchetCAVS App today and check out the athletics icon for all athletic information including:



- Sports Schedules
- Athletic Clearance
- Notifications
- ImPACT Registration and Permissions

NFHS Network—Live Stream Coverage

Live sports coverage will be on the NFHS network once again this year. Blanchet will be broadcasting live home games for soccer, volleyball and football. There is a monthly subscription cost of \$11.99 or you can pay \$79.99 for an annual pass. Sign up at nfhsnetwork.com/subscribe/retail



Student Athlete Insurance

Students participating in athletics are required to be covered by medical insurance, either by a family plan or one that is available through Blanchet. If your student is not covered Blanchet can provide insurance to you through K&K Insurance. Coverage may be purchased at any time during the school year. Find out more information at www.kandkinsurance.com/sites/K12Voluntary or contact a representative to help you at 1-855-742-3135.





ATHLETIC PARTICIPATION FORM

IMPORTANT: This form must be filed with the school office before a student can participate in athletics.

STUDENT'S NAME _____ GRADE _____

PARENT(S) NAMES(S) _____ EMERGENCY PHONE # _____

_____ EMERGENCY PHONE # _____

INSURANCE & DISCLAIMER

Injuries and illness can and do occur during athletic activities. The severity of any injury or illness is unknown until it occurs and is assessed by trained personnel. We understand that the possibility of sustaining an injury or illness ranging from minor to catastrophic exists while participating in any athletic program. My signature below shows that I acknowledge that hazards are present in athletic participation and that injury or illness may result. My signature also authorizes the school to obtain any emergency transportation or care that may become necessary in the course of athletic activities.

In case of an emergency involving my student at an athletic event, contact parents or call the emergency person listed below:

EMERGENCY PERSON _____ PHONE # _____
(Other than parent)

INSURANCE CO. _____ POLICY # _____

Students participating in athletics are required to be covered by medical insurance, either by a family plan or one that is available through Blanchet Catholic School. I have or will purchase medical insurance for my participating student and will continue to keep it current throughout the sports season. Any change in medical insurance between sports seasons must be reported.
I agree to sign this form electronically.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

A. **AGE ELIGIBILITY** (students cannot be 19 years old before August 15 of senior year)

Will this student be 19 years old before August 15 of his/her senior year? YES ☐ NO ☐

B. **RESIDENCE** Does this student reside at home with his/her parents?

YES ☐ NO ☐

C. **TRANSFER STATUS** Is the student a transfer into Blanchet this year?

YES ☐ NO ☐

D. **PHYSICAL EXAMINATION REQUIREMENT:** State law requires students in grade 6-12 participating in school athletics to get a physical every two years. The OSAA examination form must be on file in the school office. If the student has had any serious accident, illness, or injury since the last physical examination, a physician's clearance is necessary.

E. Has student had serious injuries or medical problems requiring medical attention within the last year?

YES ☐ NO ☐

F. Does student have any ongoing significant disease or chronic illness such as epilepsy, diabetes, asthma, chronic heart disease, or severe allergies?

YES ☐ NO ☐

If YES to either E or F, please explain: _____

***FEES must be paid before students begin practice.**

First Sport: \$150 (\$200 for Football)
Second Sport: \$100
Per Student Payment Cap: Two Sports
Family Payment Cap: Four Sports



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
503.682.6722 <http://www.osaa.org>

School maintains form.

Concussion – Private School Informed Consent

Excerpt OSAA Handbook, Executive Board Policies, *Concussion Management*

(Revised Summer 2020)

A. **Member School's Responsibilities** (Max's Law, [ORS 336.485](#), [OAR 581-022-0421](#)) (Jenna's Law, [ORS 417.875](#)) (Qualified Health Care Professional, [ORS 336.490](#))

- 1) **Suspected or Diagnosed Concussion.** Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion, shall not be permitted to return to that athletic contest or practice, or any other athletic contest or practice on that same day. In schools which have the services of an athletic trainer licensed by the Oregon Board of Athletic Trainers, that athletic trainer may determine that an athlete has not exhibited signs, symptoms or behaviors consistent with a concussion, and has not suffered a concussion, and return the athlete to play. Athletic trainers may also work in consultation with a Qualified Health Care Professional (see below) in determining when an athlete is able to return to play following a concussion.
- 2) **Return to Participation.** Until an athlete who has suffered a concussion is no longer experiencing signs, symptoms, or behaviors consistent with a concussion, and a medical release form signed by a Qualified Health Care Professional is obtained, the athlete shall not be permitted to return to athletic activity. As of July 1, 2020, [ORS 336.490](#) requires athletes be cleared by one of these Oregon Qualified Healthcare Professionals: Medical Doctor (MD), Osteopathic Doctor (DO), Chiropractic Doctor (DC), Naturopathic Doctor (ND), Nurse Practitioner (NP), Physician Assistant (PA), Physical Therapist (PT), Occupational Therapist (OT) or Psychologist who is licensed or registered under the laws of Oregon. Before signing any RTP forms, except for MD and DO signers, course completion certificates from the Oregon Concussion Return-To-Play Education must be obtained by all DC, ND, PT and OT and, after July 1, 2021, by all NP, PA and Psychologists.
- 3) **Private Schools Only.** ([Concussion-Private School Informed Consent](#))
On an annual basis prior to participation, private schools shall require each athlete and at least one parent or legal guardian of the athlete to sign the Concussion – Private School Informed Consent form acknowledging the receipt of information regarding symptoms and warning signs of concussions. Private schools shall maintain a copy of each athlete's signed form on file for review at any time by OSAA staff.

See OSAA Handbook, *Executive Board Policies, "Concussion Management"* for additional information.

Jenna's Law Compliance Statement

I certify that:

1. I have been provided with information on concussions in high school sports in compliance with ORS 417.875.
2. I understand that on an annual basis, the Concussion – Private School Informed Consent form shall be signed and turned into my school's Athletic Director by myself (or my parent or legal guardian if I am under the age of 18 years old) prior to my participation in a practice or competition.

Student: _____ Signature: _____ Date: _____
(Printed Name)

Parent: _____ Signature: _____ Date: _____
(Printed Name)

HEADS x UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can’t recall events <i>prior</i> to hit or fall • Can’t recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it’s not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your teen convince you that s/he’s “just fine.”
- 4. Tell all of your teen’s coaches and the student’s school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

If you think your teen has a concussion:

Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Sports Clearance Forms—Physical (This form is also available on the BlanchetCAVS Family App)

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?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	YES	NO
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?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	YES	NO
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?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	YES	NO
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?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	YES	NO
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."

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