

Do you cough, wheeze, or have difficulty breathing during or after exercise? <i>Explanation: Asthma</i>	Yes
Is there anyone in your family who has asthma? <i>Explanation: Mother and myself</i>	Yes
Do you have groin pain or a painful bulge or hernia in the groin area?	No
Do you have any current skin problems (for example, itching, rashes, bad acne, warts, fungus, pressure sores, or blisters)?	No
Have you had herpes (cold sores)?	No
Have you had a MRSA (staph) skin infection?	No
Do you ever worry about weight?	No
Have you ever had an eating disorder?	No
Have you ever become ill while exercising in the heat?	No
Do you get frequent muscle cramps when exercising?	No
Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?	No
Have you had autonomic dysreflexia?	No

### Special Needs and Disabilities Questions

*No special needs or disabilities.*

### Birth & Developmental History

*No unusual birth or developmental history.*

### Additional Questions/Concerns

None

### Signatures

*I hereby state that, to the best of my knowledge, the information above is complete and correct.*

Athlete Signature:

*John Doe Jr.*

Date:

*4-20-17*

Parent Signature:

*John Doe Sr.*

Date:

*4-20-17*



**Parent/Guardian AND Athlete must sign the last page of the OHSAA PPE Physical (for Physicians).**

**See Example Above.**