



Free Sports Physicals

Dear Athletic Directors and Coaches of Student Athletes,

The Ohio High School Athletic Association (OHSAA) requires annual physicals for students participating in school sponsored athletic events. Dr. Charles Miller in cooperation with OVM will be providing physicals free of charge for the 2018-2019 school year. Physicals will be offered for athletes on July 11, 2018. The physicals are offered from 4:30-6:00pm. Please advise your students of this opportunity. The physical offered will include Orthopedic and general examinations, height and weight check, pulse and blood pressure checks.

Dr. Charles Miller from Wellington Orthopedics and Therapists from OVM will be performing the Physicals. Therapists will also be available to answer any questions regarding injury prevention, conditioning, sports bracing needs or any other questions the students may have. All physicals will take place at OVM located in the lower level of Ohio Valley Manor, Inc.

Athletes, who are under 18 years of age, **must** bring the enclosed consent form signed by a parent or guardian if they will be seen without their parent or guardian present. **There will be no exceptions.** Please advise students to call and schedule their appointment. If you have any questions, please feel free to call the Therapy department at 937-392-4318 Ext. 234.

**TO SCHEDULE
AN APPOINTMENT
PLEASE CALL:
937-392-4318 x.234**



Physical Examination Consent Form

I am the legal guardian of _____, who is a student of _____ School. I hereby authorize Dr. Charles Miller and OVM to perform a sports pre-participation physical screening on the above named athlete.

I understand that this is only a physical examination consisting of those components deemed mandatory by the Ohio High School Athletic Association, for participation in athletics for the 2018-2019 school year. I understand that this does not constitute a formal doctor/patient agreement. I am aware that therapy personnel from OVM will be assisting Dr. Charles Miller to carry out the physicals. I authorize the participation of these additional healthcare personnel to assist in and/or perform parts of the physical. I also understand that this examination is designed to determine difficulties that may arise as a result of athletic participation and that it is not a complete physical exam to detect a rare or occult disease.

I have read and understand this acknowledgement form.

Parent/Legal Guardian Signature Date

Witness Signature Date

Address

Home Phone Work Phone