

Omaha Public Schools Pre-Season Physical Screening Exams

Please read the following information and complete the **OPS Sports Physical Form**, also known as the **OPS School & Sports Qualifying Screening Evaluation**, before your student comes to a physical exam. This form may be used any time of the year.

- **Limitations to Physical Screening Exam:** The physical is strictly a screening examination and is NOT a substitute for routine, comprehensive health care by the student's primary care physician. Parents/guardians should consider the benefits of having their student-athlete cleared for sports by their own personal physician, especially if the student has a known chronic health condition such as a heart condition, asthma, uncontrolled high blood pressure, diabetes, or repeated concussions.
- **OPS Sports Physical Form:** Parents/guardians must complete and sign all portions of the OPS Sports Physical Form except the "Examination" section. The form must be filled out accurately and thoroughly. Parents/guardians should be sure to list all of the student's health issues in the "History" section of the form. Your signature on the form indicates consent for a minor (under the age of 18) to receive the physical and is required for the physical to be performed.
- **Day of the Physical:** Parents/guardians are welcome to accompany their student to the physical. Students should bring their completed and signed OPS Sports Physical Form and dress appropriately for the physical. Boys should wear gym shorts and T-shirts. Girls should wear gym shorts, T-shirts, and sports bra, if possible. Students in "street clothes" will be asked to change into gym clothes for the physical.
- **Questions:** If you have any questions or concerns, please contact 531-299-9499 or your school athletic office. You are also welcome and encouraged to accompany your student to the physical and address any concerns you have to the examining team.

**THE ABOVE INFORMATION IS USED
FOR OPS SCREENING EXAMS ONLY.**

OMAHA PUBLIC SCHOOLS – Student Form

ATHLETIC INSURANCE COVERAGE

Your school, acting for members of the athletic squad, makes available an Athletic Injury Benefit Plan approved by the Omaha Board of Education. The total premium is paid by the student or parent. The purpose of such coverage is to assist in the cost of treatment of accidental injury. Payments are in addition to any payments by another company for the same injury.

SQUAD MEMBERS MUST HAVE INSURANCE COVERAGE TO PARTICIPATE.

Check the statements that apply:

I shall participate in the Athletic Benefit Injury Plan. Information brochures, if not attached, are available from the school office upon request.

I have accident injury coverage with the _____ Insurance Company.

POLICY NO. _____ Signature of Parent/Guardian _____

Date _____ Address _____

Note: This form is to be filled out completely and filed in the office of the school before is allowed to practice and/or compete.