

OBJECTION TO PHYSICAL EXAMINATION OR SCREENINGS
OHSLA 1.02 OHSAA 3-4-3: O.R.C. 3313.73 This section does not require any school child to receive a medical examination or receive medical treatment whose parent or guardian objects thereto.

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or younger, hereby note my objection to the physical examination or screening of the student named below.

Physical examination or screening being objected to:

_____SCOLIOSIS TEST

_____NON-EMERGENCY PHYSICAL EXAMINATION

I will not hold the Clinton County Lacrosse Club responsible for any injury or harm caused by or relating to such refusal to obtain a physical examination.

Name of student (please print)

Signature of parent (or student, if 18 or older)

