

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. MEDICAL HISTORY

• To be completed by parent or guardian or 18-year-old.





A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

LAST			FIRST]	MI	SEX GRADE	DATE OF BIRTH	AG	E	
STUDENT'S NAME: NUMBER AND STR	EET				CIT	Y			ZIP	
STUDENT'S ADDRESS:					_					
NAME OF FATHER OR GUARDIAN	WORK PHONE NAME OF MOTHER OR GUARDIAN WORK PHONE									
FAMILY DOCTOR			OFFICE PHONE STUDENT'S HOME PHON	ΙΈ						
INSI	IΡΔ	NC	E STATEMENT AND MED)ICAI	L	ISTORV				
			nce regulations of the school district and the				as complete and correct as a	occible	2	
Family Insurance Co:			-					00881010	ē.	
									_	
Signatures of Student:			& Parent/Guardian or 18 Ye							
GENERAL QUESTIONS Has a Doctor ever denied or restricted your participation in	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS Does anyone in your family have arrhythmogenic	YES	NO		CAL QUESTIONS Icerns that you would like to	YES	NO	
Sports for any reason?			right ventricular cardiomyopathy, long QT syndrome?			discuss with a doctor				
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes			Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden			Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen				
Infections Other:			death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome) ?			A testicle (males) Any other organ?				
Have you ever spent the night in the hospital?			Does anyone in your family have catecholaminergic			Have you ever had an eating disorder?				
Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	polymorphic ventricular tachycardia, short QT syndrome BONE AND JOINT QUESTIONS	? YES	NO	Do you worry about your weight?				
Have you ever passed out or nearly passed out DURING	IES	NU	Have you ever had an injury to a bone, muscle, ligament	1ES	NU	Have you ever had a head injury or concussion? Have you ever had a hit or blow to the head that caused				
or after exercise?			or tendon that caused you to miss a practice or a game?			confusion, prolonged headache, or memory problems?				
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			Have you ever had any broken or fractured bones or dislocated joints?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?				
Do you get lightheaded or feel more short of breath than			Have you ever had an injury that required x-rays, MRI,			Have you ever been	unable to move your arms or legs			
expected during exercise? Do you get more tired or short of breath more quickly than			CT scan, injections, therapy, a brace or cast or crutches? Have you ever been told that you have neck instability or			Are you trying to or	has anyone recommended that you			
your friends during exercise?			atlantoaxial instability (Down syndrome or dwarfism)?			gain or lose weight?				
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you on a special types of foods?	diet or do you avoid certain			
Have you ever had an unexplained seizure or do you have a history of seizure disorder?			Do you regularly use a brace, orthotics, or other assistive device?			Do you wear protect face shield?	ve eyewear, such as goggles, or a			
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?	1		Do you or someone in or disease?	n your family have sickle cell trait			
Has a doctor ever told you that you have high blood			Do you have any history of juvenile arthritis or				oblems with your eyes or vision			
pressure? Has a doctor ever told you that you have high cholesterol?			connective tissue disease? Have you ever had a stress fracture?	-		or had any eye injuri Do you wear glasses				
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle, or joint injury bothering you?				erpes or MRSA skin infection?			
Has a doctor ever told you that you have other heart problems?			IMMUNIZATION HISTORY	YES	NO	Have you had infecti the last month?	ous mononucleosis (mono) within			
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)			Do you have any ras problems?	hes, pressure sores, or other skin			
Has a doctor ever told you that you have a heart murmur?			MEDICAL QUESTIONS	YES	NO	Do You Have Any A				
YOUR FAMILY'S HEART HEALTH QUESTIONS Does anyone in your family have a heart problem,	YES	NO	Have you ever become ill while exercising in the heat? Do you cough, wheeze, or have difficulty breathing	-		F	EMALES ONLY	YES	NO	
Pacemaker, or implanted defibrillator?			during or after exercise?			Have you ever had a				
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			Do you have headaches or get frequent muscle cramps When exercising?			How old were you when you had your first menstrual period?				
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?	,			ave you had in the last			
Anyone in your family had unexplained seizures? Anyone in your family had unexplained near drowning?			Is there any one in your family who has asthma? Have you ever used an inhaler or taken asthma medicine?	,		twelve (12) months?				
		-£	·					-4	<u> </u>	
			y knowledge, my answers to the		•		•		4	
			Signature of:			Date:				
Of Student			Parent/Guardian							
	\FT A C		THE IF NIFFRED TO ACCOMPANY ST	IDENT		U.E.T.E. \				
< L	JETAC	.п пс	RE IF NEEDED TO ACCOMPANY ST	ODENI	АІП	LETE >		-		
EMERGENCY INFOR	MAT	ΓΙΟΙ	N – To Be Completed by F	Parer	nt o	r Guardia	n or 18 Year Ol	d		
tudent's Name:							Grade:			
N EMERGENCY 1)			Grade Phone #: Cell #:							
CONTACT or 2)			Phone #:	Phone #: Cell #:						
family Doctor:										
							··			
Lurrent Medications:										



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. **PHYSICAL EXAM & CLEARANCE & CONSENT FORMS**

• To be completed by parent or guardian or 18-year-old.

• Must be signed in *three* places on this page by parent or guardian or 18-year-old.



A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR													
PLEASE PRINT													
Last		First		Mid	ldle								
STUDENT'S COMPLETE LEGAL NAME:													
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City	State										
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:													
PHYSICAL EXAMINAT	FION &	MEDICAL CL	EARANCE										
To be completed by the examining MD, DO, PA or NP & Returned Dire	ectly to the p	atient. Categories may be	added or deleted.	Check Ap	propriate Column								
EXAMINATION: (Circle Correct Response As Necessary) Height: Weight:	Male/Female		Vision: R 20/	L 20/	Corrected: Yes No								
MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS								
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly,			Neck										
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Back										
Eyes/Ears/Nose/Throat: Pupils Equal Hearing Lymph Nodes	+		Shoulder/Arm Elbow/Forearm										
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI	I)		Wrist/Hand/Fingers										
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh										
Lungs:			Knee										
Abdomen Genitourinary (Males Only)			Leg/Ankle Foot/Toes										
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk										
Neurologic:													
I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR SIGNATURE OF EXAMINER: MD DO PA NP PRINTED NAME OF EXAMINER: DATE: STUDENT PARTICIPATION													
This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject. Signature of STUDENT:													
PARENT OR GUARDIAN OR 18 -VEAR-OLD CONSENT													
PARENT OR GUARDIAN OR 18 -YEAR-OLD CONSENT I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.													
I further understand that my son or daughter will be expected to adhere firmly to Association.	o all establish	ed athletic policies of the so	chool district and the	e Michigan	High School Athletic								
Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD			Date		_								
< DETACH HERE IF NEEDED TO A	CCOMPAN	Y STUDENT ATHLETE	>										
MEDICAL TREATMENT CONSENT - To Be	e Comp	eted By Paren	t or Guardi	an or 1	18-Year-Old								
I,, an 18 year-old, or the parent or guardian of recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.													
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD			DATE										