

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	N	ΛI	SEX GRADE	DATE OF BIRTH	AG	E			
STUDENT'S NAME:					-				- TWD			
NUMBER AND STREET CITY 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 PHONE									
IZMI	IDΛ	NIC	E STATEMENT AND MED	ICAI	11	STODY						
			nce regulations of the school district and the M				as commiste and compates	noggihle				
Family Insurance Co:			-					JOSSIDIC	·.			
									_			
Signatures of Student:			& Parent/Guardian or 18 Yea	r Old:				_ (
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		CAL QUESTIONS	YES	NO			
Has a Doctor ever denied or restricted your participation in Sports for any reason?			Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?			Do you have any con discuss with a doctor	ncerns that you would like to r?					
Do you have any ongoing medical conditions? If so, please			Has any family member or relative died of heart			Were you born with	out or are you missing an organ?					
Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained			Identify by circling:	A kidney An eye Your spleen					
Infections Other:			car accident or sudden infant death syndrome) ?			A testicle (males) Any other organ?						
Have you ever spent the night in the hospital? Have you ever had surgery?			Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?	anyone in your family have catecholaminergic Have you ever had an eating disord norphic ventricular tachycardia, short QT syndrome? Do you worry about your weight?			<u>*</u>	+	-			
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO	Have you ever had a						
Have you ever passed out or nearly passed out DURING or after exercise?			Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			•	hit or blow to the head that caused d headache, or memory problems?					
Have you ever had discomfort, pain, tightness or pressure			Have you ever had any broken or fractured bones or				numbness, tingling, or weakness in	+				
in your chest during exercise? Do you get lightheaded or feel more short of breath than			dislocated joints? Have you ever had an injury that required x-rays, MRI,				ter being hit or falling?	<u> </u>	ļ			
expected during exercise?			CT scan, injections, therapy, a brace or cast or crutches?			after being hit or fall	unable to move your arms or legs ling?					
Do you get more tired or short of breath more quickly than			Have you ever been told that you have neck instability or			Are you trying to or						
your friends during exercise? Has a doctor ever ordered a test for your heart?			atlantoaxial instability (Down syndrome or dwarfism)? Have you ever had an x-ray for neck instability or			gain or lose weight? Are you on a special diet or do you avoid certain						
For example: ECG/EKG, echocardiogram			atlantoaxial instability (Down syndrome or dwarfism)?			types of foods?			<u> </u>			
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?	ive 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?			Do you or someone in your family have sickle cell trait or disease?						
Has a doctor ever told you that you have high blood			Do you have any history of juvenile arthritis or				roblems 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?				nerpes or MRSA skin infection?					
Has a doctor ever told you that you have other heart problems?			IMMUNIZATION HISTORY	YES	NO	Have you had infectious mononucleosis (mono) within the last month?						
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	•					
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?			How many periods have you had in the last						
Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma? Have you ever used an inhaler or taken asthma medicine?			twelve (12) months?	•					
Anyone in your family had unexplained near drowning?		•	·					<u>. </u>				
hereby state that, to the b	est c	ot m	y knowledge, my answers to the	abov	e qı	iestions are	complete and corre	:ct.	4			
Signature:			Signature of:				Date:	(
Of Student			Parent/Guardian						•			
< D	ETAC	H HE	RE IF NEEDED TO ACCOMPANY STU	DENT	ATH	LETE >						
EMERGENCY INFOR	MAT		N - To Be Completed by B	arar	t o	r Guardia	n or 19 Voor Ol	٨				
			N – To Be Completed by P									
Student's Name:							Grade:	·				
IN EMERGENCY 1)			Phone #:	Phone #: Cell #:								
CONTACT or 2)			Phone #:	Phone #: Cell #:								
Family Doctor:												
Current Medications:							ADA					



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 STUDENT'S COMPLETE		First		Mic	idle							
LEGAL NAME:												
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City	State									
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:	.1											
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 Shoulder/Arm									
Eyes/Ears/Nose/Throat: Pupils Equal Hearing Lymph Nodes	+		Elbow/Forearm									
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PM	I)		Wrist/Hand/Fingers									
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh									
Lungs: Abdomen	+		Knee Leg/Ankle									
Genitourinary (Males Only)	+ +		Foot/Toes									
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk									
Neurologic:												
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: DATE: 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: Date:												
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	• 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							
T 10 1	1	1' 6										
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									