		MEDICAL HI	STORY:	(60)	mole	ted by Pare	nt or Guardiar	or 18-Ye	ar-Old						
MURAÉ	Student Name	:		Total Control	1000			xam:							
michigan high school athletic asso	ociation Family Doctor:						Phone:								
- GENERAL QUESTI	•		1 Y	al NA	1,7.	- MEDICAL QUE	ESTIONS				Y				
Has a doctor ever denie	d or restricted your participation	And the second s					ave difficulty breathing du		ise?						
	g medical conditions? If so, ple			\perp	·		aler or taken asthma medi	cine?				ļ			
☐ Asthma ☐ Anemia Have you ever spent the night in t	Diabetes Infections			+			ily who has asthma? nissing a kidney, eye, testi	olo (maloc), enlas	on or any other	organ?	-	<u> </u>			
	UESTIONS/ABOUT YOU	The second secon	Y	171			ı painful bulge or hernia in		in or any other	organi		-			
Have you ever passed out or near					<u> </u>		nonucleosis (mono) within								
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?					Do you have any rashes, pressure sores or other skin problems?										
Does your heart ever race or skip beats (irregular beats) during exercise?				\perp	Have you had a herpes or MRSA skin infection?							_			
Has a doctor ever told you that you have any heart problems? Check all that apply: ☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol					Do you have headaches or get frequent muscle cramps when exercising? Have you ever become ill while exercising in the heat?							-			
							or family have sickle cell trait or disease?								
	la test for your heart? (example, ECG/EKG, echocardiogram) Have you had any problems with your eyes or vision or any eye injuries?														
Do you get lightheaded or feel more short of breath than expected during exercise?					Do you wear glasses or contact lenses?										
	Do you have a history of seizure disorder or had an unexplained seizure?				Do you wear protective eyewear such as goggles or a face shield?										
Do you get more tired or short of b					Immunization History: Are you missing any recommended vaccines?										
HEART HEALTHO				l/I	Do you have any allergies? Have you ever had a head injury or concussion?							\vdash			
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning? Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				+	Do you have any concerns that you would like to discuss with a doctor?										
death before age 50 (including dro	as any family member or relative died of heart problems or had an unexpected or unexplained sudden eath before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?										
Does anyone in your family have right ventricular cardiomyopathy, I catecholaminergic polymorphic ve	hypertrophic cardiomyopathy, N ong QT syndrome, short QT sy entricular tachycardia?	larfan syndrome, arrhythmo ndrome, Brugada syndrome	genic or			ou ever had numbne eing hit or falling?	ess, tingling, weakness or	nability to move	our arms or le	ЭS					
- BONE AND JOINT				Ŋ	Have y	ou ever had an eatin	g disorder?								
Have you ever had an injury to a bone	e, muscle, ligament or tendon that	caused you to miss a practice o	or a game?		Do you	worry about your we	eight?		~~~~~						
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?					Are you trying to or has anyone recommended that you gain or lose weight?							<u> </u>			
	lave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Do you regularly use a brace, orthotics or other assistive device? Are you on a special diet or do you avoid certain types of foods? FEMALES ONLY (Optional)														
Do you regularly use a brace, orthotics or other assistive device? Do you have a bone, muscle or joint injury that bothers you?				+	Contract Con	ou ever had a menst					Y				
Do any of your joints become painful, swollen, feel warm or look red?							had your first menstrual	period?				<u> </u>			
Do you have any history of juvenile arthritis or connective tissue disease?				T			u had in the last 12 month					-			
Have you ever had an x-ray for necl	k instability or atlantoaxial instab	lity (Down syndrome or dwar	fism)?		CUR	RENT-YEAR PHYSIC	AL = GIVEN ON OR AFT	ER APRIL 15 OF	THE PREVIOU	S SCHOO	L YE	AR .			
PHYSICAL EXA	MINATION & MEDI	CAL CLEARANC	E: Compl	eted	by M	D, DO, PA or	NP - RETUR	RN DIRECT	LY TO PA	ATIENT	Taga Taga				
EXAMINATION: Height:	Weight:	☐ Male ☐ F	emale BF):	1	Pulse:	Vision: R 20/	L 20/	Correct	ed: 🛚 Y) N			
MEDICAL			· · · · · · · · · · · · · · · · · · ·	N	ORMAL	ABNORMAL	MUSCULOSKELETAL	y Programme (Sept.	NORMAL	ABNO	RMA	L			
Appearance: Marfan stigmata (kyp		, pectus excavatum, arachn	odactyly,			ļ	Neck			ĺ					
arm span > height, hyperlaxity, my Eyes/Ears/Nose/Throat:	opia, мvP, aoriic insufficiency) Pupils Equal Hea	rina					Back	·							
Lymph nodes							Shoulder/Arm								
Heart: Murmurs (auscultation standards: Simultaneous femoral and		tion of point of maximal imp	ulse (PMI)	-			Elbow/Forearm Wrist/Hand/Fingers								
Lungs	Taulai puises			_			Hip/Thigh								
Abdomen							Knee								
Genitourinary (males only) Skin: HSV: Let	sions suggestive of MRSA, tine	a corporis		+	· · ·		Leg/Ankle Foot/Toes								
Neurologic			***************************************				Functional Duck Walk								
BASEBAI	e examined the above si LL – BASKETBALL – BOV CROSSE – SKIING – SO	VLING - COMPETITIV	'E CHEER - (CROS	S COU	NTRY - FOOTBA	ALL - GOLF - GYMN	ASTICS - ICE	HOCKEY	below.					
EXAMINER Name	e of Examiner (print/ty	pe):					Da	te:							
Signa	ature of Examiner:					(Che	eck One): 🚨 MD) 🗓 F	PΑ [-	NP			
	EMERGENCYIN	FORMATION: CO	MPLEJEI) BY	PARE	ENT or GUAF	RDIAN or 18-YE	AR-OLD	6						
Student:		Grade:	Doctor: _				Ph	one: (_)						
IN EMERGENCY (1):			Home #:	()	·									
IN EMERGENCY (2):								II #: (

Drug Reactions: _____ Current Medications: _____

Allergies: ___

FORM A: FEB-20-17



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old



There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

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

Student Name: LAST FIRST Student Address: STREET CITY	MIDDLE INITIAL
LAST FIRST Student Address:	MIDDLE INITIAL
	ZIP
Gender: 🔲 M 🖫 F Age: Date of Birth: Place of Birth (City/State):	
School: Circle Grade: 6 7 8 9	
· ·	, 10 11 12
Father/Guardian Name:	
Phone (home): (cell):	
Mother/Guardian Name:	
Phone (home): (cell):	
Email Address: Parent/Guardian/18-Year-Old:	
STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT	
The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have re	ceived
affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arisinchild's participation in an MHSAA-sponsored sport. If you understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. If we hereby grabove student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAF determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.	ive my consent for the
Signature of STUDENT:Dat	le:
Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Dat	e:
INSURANCE STATEMENT	
Our son/daughter will comply with the specific insurance regulations of the school district.	,
he student-athlete has health insurance: 🔲 YES 🔲 NO	
f YES, Family Insurance Co:Insurance ID #:	
Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are	
Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date	e:
MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD	
MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD	
	_, recognize that as a result cent for emergency medical