

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.



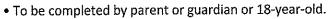
A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

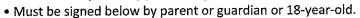
PLEASE PRINT										
Last	First	Middle								
STUDENT'S COMPLETE LEGAL NAME:										
STUDENT'S Month Day DATE OF BIRTH:	Year	PLACE OF BIRTH:	City	State						
CIRCLE GRADE: 7 8 9 10 11 12	SCHOOL:									
PHYSIC	AL EXAMINAT	FION 8	MEDICAL CL	EARANCE						
To be completed by the examining MD, DO, P	A or NP & Returned Dire	ectly to the p	oatient. Categories may be	added or deleted.	Check Ap	propriate Column				
EXAMINATION: (Circle Correct Response As Necessary) Hei		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, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)				Neck 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 (PMI)				Wrist/Hand/Fingers						
Pulses: Simultaneous femoral and radial pulses Lungs:				Hîp/Thigh Knee						
Abdomen	1		Leg/Ankle							
Genitourinary (Males Only)				Foot/Tees						
Skin: HSV, lesions suggestive of M	RSA, tinea corporis			Functional: Duck Walk						
Neurologic:										
I certify that I have examined the above BASEBALL - BASKETBALL ICE HOCKEY - LACROSSE - SKUN A CURRENT-YEAR PHYSICA SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER:	- BOWLING - COMPETITI NG - SOCCER - SOFTBALL	VE CHEER - L - SWIMMIN	CROSS COUNTRY - FOOTI NG - TENNIS - TRACK & F	BALL - GOLF - GY IELD - VOLLEYBA ITHE PREVIOU	MNASTICS LL - WREST	FLING OOL YEAR CIRCLE ONE				
OF EXAMINAN										
This application to participate in athletics is voluntar negotiable certificate for merchandise in any amount events, nor have I ever competed under an assumed until after my school season has been completed. It High School Athletic Association, such as those previous signature of STUDENT:	y on my part and the inform , nor any emblematic award name. After I have represent anderstand that I am expecte	nation submit d or merchan- nted my scho ed to adhere f	dise worth more than twenty ool in any sport, I will not co firmly to all established athle	y-five dollars (\$25.0 mpete in any outsid etic policies of my s	 for partice e athletic co chool distri 	cipating in athletic ontest in this sport ct and the Michigan				
DADENT	OR CHARDIA	NOR	18 -YEAR-OLD	CONSEN	T					
I hereby give my consent for the above student to en HIPAA for the purpose of determining eligibility for activities. He/She has my permission to accompany I further understand that my son or daughter will be Association.	gage in interscholastic athle interscholastic athletics; ar the team as a member on it	etics and for t ad I understants s out-of-town	the disclosure to the MHSA, and the possibility that seriou a trips.	A of information oth s injury may result	nerwise prot from partic	ipating in athletic				
Signature of PARENT OR GUARDI	AN OR 18 YEAR-OLD			Date						
< DETACH I	HERE IF NEEDED TO A	CCOMPAN	Y STUDENT ATHLETE	>						
MEDICAL TREATMENT CO	NSENT – To Be	Comp	leted By Paren	t or Guardi	an or 1	18-Year-Old				
I, that as a result of athletic participation, medimay be unable to contact me for my consent hospital care, as may be deemed necessary unable to the contact me for my consent hospital care, as may be deemed necessary un	ical treatment on an em for emergency medica	ergency ba Il care. I do	hereby consent in adva	ance to such eme	rgency ca	recognize chool personnel re, including				
SIGNATURE OF PARENT OR GUARDIAN	J OR 18 YEAR-OLD	,,,,,,		DATE						



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY







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

LAST				FIRST	M	I	SEX GRA	DATE OF BIRTH	AG	E		
STUDENT'S NAME:						CYT				ZIP		
NUMBER AND STR STUDENT'S ADDRESS:	EET					CIT	I					
NAME OF FATHER OR GUARDIAN			WORK PHONE	NAME OF MOTHER OR GU	ARDIAN			WORK	PHONE			
NAME OF PATIES OF GOARDIAN		, resid of motified on dollars.										
FAMILY DOCTOR			OFFICE PHONE	STUDENT'S HOME PHONE								
•												
INS	JRA	NC	E STATEME	NT AND MED	ICAL		STOR	f				
Our Son/Daughter will comply with the s	socific	neura	ace regulations of the	e school district and the M	Medical	Histo	rv questions	are as complete and correct as r	ossible			
Family Insurance Co:					'	ониг	ict #.					
Signatures of Student:			& P	arent/Guardian or 18 Yea	r Old:				_ (
GENERAL QUESTIONS	YES	NO	VOUR FAMILY'S HE	ART HEALTH QUESTIONS	YES	NO)	IEDICAL QUESTIONS	YES	NO		
Has a Doctor ever denied or restricted your participation in	11113	110	Does anyone in your fam		100 TO 100	# 7 5 T.O	the committee of the committee of	ny concerns that you would like to	220.000.000			
Sports for any reason?			right ventricular cardiom	yopathy, long QT syndrome?			discuss with a	doctor?				
Do you have any ongoing medical conditions? If so, please			Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden					without or are you missing an organ?				
Identify by Circling: Asthma Anemia Diabetes				uding drowning, unexplained				cling: A kidney An eye Your spleen les) Any other organ?				
Infections Other:			car accident or sudden infant death syndrome) ?									
Have you ever spent the night in the hospital?	<u> </u>			ily have catecholaminergic tachycardia, short QT syndrome?				bad an eating disorder? about your weight?		\vdash		
Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JO		YES	NO	Have you ever	had a head injury or concussion?				
Have you ever passed out or nearly passed out DURING			Have you ever had an inj	ury to a bone, muscle, ligament				had a hit or blow to the head that caused				
or after exercise?				to miss a practice or a game?				longed headache, or memory problems? had numbness, tingling, or weakness in		\vdash		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			Have you ever had any badislocated joints?	roken or fractured bones or				had numbness, unging, or weakness in egs after being hit or falling?				
Do you get lightheaded or feel more short of breath than	 			ury that required x-rays, MRI,				been unable to move your arms or legs				
expected during exercise?				py, a brace or cast or crutches?			after being hit	or falling?				
Do you get more tired or short of breath more quickly than				that you have neck instability or lown syndrome or dwarfism)?			gain or lose we	to or has anyone recommended that you eight?				
your friends during exercise? Has a doctor ever ordered a test for your heart?	-		Have you ever had an x-r		·			pecial diet or do you avoid certain				
For example: ECG/EKG, echocardiogram				own syndrome or dwarfism)?			types of foods					
Have you ever had an unexplained seizure or do you have			Do you regularly use a br device?	race, orthotics, or other assistive			Do you wear p face shield?	protective eyewear, such as goggles, or a				
a history of seizure disorder? Does your heart ever race or skip beats (irregular beat)	<u> </u>			come painful, swollen, feel warm				neone in your family have sickle cell trait				
during exercise?			or look red?				or disease?					
Has a doctor ever told you that you have high blood			Do you have any history				Have you had or had any eye	any problems with your eyes or vision				
pressure? Has a doctor ever told you that you have high cholesterol?		<u> </u>	connective tissue disease Have you ever had a stre		 			classes or contact lenses?		\vdash		
Has a doctor ever told you that you have Kawasaki disease?	<u> </u>		Have you a bone, muscle, or joint injury bothering you?					had herpes or MRSA skin infection?				
Has a doctor ever told you that you have other heart			FMMUNIZ.	ATION HISTORY	YES	NO	•	infectious mononucleosis (mono) within				
problems?	<u> </u>			ommended vaccines (Tdap, Flu,			The last month	ny rashes, pressure sores, or other skin		\vdash		
Has a doctor ever told you that you have a heart infection?			MCV4, HPV, Varicella,				problems?					
Has a doctor ever told you that you have a heart murmur?				AL QUESTIONS	YES	NO	Do You Have	Any Allergies?	- 2000	- NO		
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		l while exercising in the heat?				FEMALES ONLY	YES	NO		
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, of during or after exercise?	or have difficulty breathing			Have you ever	had a menstrual period?				
Does anyone in your family have hypertrophic			Do you have headaches or get frequent muscle cramps					you when you had your first				
cardiomyopathy, Marfan syndrome, Brugada syndrome?	ļ		When exercising? Do you have pain, a painful bulge or hernia in the groin?				menstrual peri	od? riods have you had in the last				
Anyone in your family had unexplained fainting?	-		Is there any one in your f				twelve (12) me					
Anyone in your family had unexplained seizures? Anyone in your family had unexplained near drowning?	 		Have you ever used an in	haler or taken asthma medicine?	+				ļ			
	.l	<u> </u>						. 1 . 1				
I hereby state that, to the	best (of my	y knowledge, r	ny answers to the	abov	e qu	iestions a	are complete and corre	CE.			
Signature:			c	Signature of				Date:				
			~	Parent/Guardian								
Of Student			ı	Parent/Guardian								
_				O A CCONADANY CTU	DESIT	ATU	IETE S					
	EIAC	H Ht	KE IF NEEDED I	O ACCOMPANT STO	DENI	Αιп	LEIE /					
EMERGENCY INFOR	N // A //	ELO I	V To Bo Co	ompleted by P	aren	ŧο	r Guard	lian or 18 Year Old	1			
Student's Name:								Grade:				
IN EMEDICENCY 1)				Phone #:				Cell #:				
IN EIVIERGENCT I)			DL #-				Cell #:					
							Cell #:					
Family Doctor:							Ph	ione:				
Allergies:												
Drug Reactions:												
Current Medications:												