

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. **MEDICAL HISTORY**

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



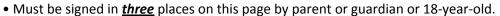


LAST STUDENT'S NAME:			FIRST	1	MI	SEX GRADE	DATE OF BIRTH	AG	E		
NUMBER AND STR	EET				CIT	Y			ZIP		
STUDENT'S ADDRESS: NAME OF FATHER OR GUARDIAN			WORK PHONE NAME OF MOTHER OR GU	ARDIAN	1		WORK	PHONE			
FAMILY DOCTOR			OFFICE PHONE STUDENT'S HOME PHONE	STUDENT'S HOME PHONE							
INSU	JRA	NC	E STATEMENT AND MED	ICA	4:1	ISTORY					
Our Son/Daughter will comply with the sp	ecific i	nsura	nce regulations of the school district and the l	Medica	Histo	ory questions are	as complete and correct as I	ossible	÷.		
Family Insurance Co:					Contra	act #:					
Signatures of Student:			& Parent/Guardian or 18 Yea	r Old:				_ (
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDIO	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				
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other:			Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained			Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ?					
Have you ever spent the night in the hospital?			car accident or sudden infant death syndrome) ? 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 had a head injury or concussion?					
Have you ever passed out or nearly passed out DURING	120	110	Have you ever had an injury to a bone, muscle, ligament	125	1.0	Have you ever had a hit or blow to the head that caused					
or after exercise? Have you ever had discomfort, pain, tightness or pressure			or tendon that caused you to miss a practice or a game? Have you ever had any broken or fractured bones or			Have you ever had n	I headache, or memory problems? umbness, 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,				er being hit or falling? 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			after being hit or fall	ing? 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)?			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?	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 or disease?					
Has a doctor ever told you that you have high blood pressure?			Do you have any history of juvenile arthritis or connective tissue disease?			Have you had any proor had any eye injuri	oblems with your eyes or vision				
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stress fracture?			Do you wear glasses	or contact lenses?				
Has a doctor ever told you that you have Kawasaki disease? Has a doctor ever told you that you have other heart			Have you a bone, muscle, or joint injury bothering you?	Have you had infectious mononu		erpes or MRSA skin infection? lous mononucleosis (mono) within					
problems? Has a doctor ever told you that you have a heart infection?			IMMUNIZATION HISTORY Are you missing any recommended vaccines (Tdap, Flu,	YES	NO	the last month? Do you have any rashes, pressure sores, or other skin					
			MCV4, HPV, Varicella, MMR)	* IPO	110	problems?	-				
Has a doctor ever told you that you have a heart murmur? YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDICAL QUESTIONS Have you ever become ill while exercising in the heat?	YES	NO	Do You Have Any A	EMALES ONLY	YES	NO		
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, or have difficulty breathing during or after exercise?			Have you ever had a	menstrual period?				
Does anyone in your family have hypertrophic			Do you have headaches or get frequent muscle cramps When exercising?				hen you had your first				
cardiomyopathy, Marfan syndrome, Brugada syndrome? Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?	menstrual period? 'ul bulge or hernia in the groin? How many periods have you had			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? twelve (12) months? Have you ever used an inhaler or taken asthma medicine?								
	oct c	of m	y knowledge, my answers to the	ahov		octions are	complete and corre	ct			
					•		-				
			Signature of:			Date:					
Of Student			Parent/Guardian								
< D	ETAC	H HE	RE IF NEEDED TO ACCOMPANY STU	DENT	ATH	LETE >					
ENACES CONCY INCOME		10	N. Ta Da Camplatad by D	~		n Caradia	10 V Ol	,			
			N – To Be Completed by P								
Student's Name:							Grade:				
IN EMERGENCY 1)			Phone #:		Cell #:						
				Phone #: Cell #:							
							e:				
Current Medications:											



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

• 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													
PLEASE PRINT													
Last		First		Mic	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	BP: / Pulse:	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)	(1)		Wrist/Hand/Fingers										
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh										
Lungs:			Knee										
Abdomen			Leg/Ankle										
Genitourinary (Males Only) Skin: HSV, lesions suggestive of MRSA, tinea corporis			Foot/Toes Functional: Duck Walk										
Neurologic:	+		I unctional. Duck wark										
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:													
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	Comp	eted By Par <u>en</u>	t or G <u>uardi</u>	an <u>or</u> 1	18-Year-Old								
					recognize								
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										