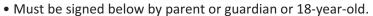


## MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. MEDICAL HISTORY

• 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:  NUMBER AND STR	EET				CIT	v			ZIP	
STUDENT'S ADDRESS:	EEI				CII	1			ZII	
NAME OF FATHER OR GUARDIAN	WORK PHONE NAME OF MOTHER OR GUARDIAN WORK PHONE									
FAMILY DOCTOR			OFFICE PHONE STUDENT'S HOME PHONE							
INSU	JRA	NC	E STATEMENT AND MED	ICA	. H	ISTORY				
			nce regulations of the school district and the M				as complete and correct as	possible	).	
Family Insurance Co:						act #:				
Simple of State to			9. Danish/Caradian and 10 Va-						_	
Signatures of Student:	MEC	NO	& Parent/Guardian or 18 Yea		NO	MEDI	CAL QUECTIONS		NO	
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 ncerns that you would like to	YES	NO	
Sports for any reason?			right ventricular cardiomyopathy, long QT syndrome?			discuss with a docto		<u> </u>		
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			Were you born without or are you missing an organ?  Identify by circling: A kidney An eye Your spleen				
Identify by Circling: Asthma Anemia Diabetes Infections Other:			death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome) ?	luding drowning, unexplained  A testicle (males) Any other or						
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?	VID 0	NO	polymorphic ventricular tachycardia, short QT syndrome?							
HEART HEALTH QUESTIONS ABOUT YOU  Have you ever passed out or nearly passed out DURING	YES	NO	BONE AND JOINT QUESTIONS  Have you ever had an injury to a bone, muscle, ligament		head injury or concussion? hit or blow to the head that caused	$\vdash$				
or after exercise?			or tendon that caused you to miss a practice or a game?			confusion, prolonge	<u> </u>			
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?				numbness, tingling, or weakness in ter 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			after being hit or fall Are you trying to or	ling? has anyone recommended that you	$\vdash$		
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?	l 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?				tive eyewear, such as goggles, or a			
Does your heart ever race or skip beats (irregular beat)			Do any of your joints become painful, swollen, feel warm			Do you or someone in your family have sickle cell trait				
during exercise?  Has a doctor ever told you that you have high blood			or look red?  Do you have any history of juvenile arthritis or			or disease?	roblems with your eyes or vision	—		
pressure?			connective tissue disease?			or had any eye injur	ies?			
Has a doctor ever told you that you have high cholesterol?  Has a doctor ever told you that you have Kawasaki disease?			Have you ever had a stress fracture?  Have you a bone, muscle, or joint injury bothering you?			Do you wear glasses	s or contact lenses? nerpes or MRSA skin infection?	<b>├</b>		
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)				shes, 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	Allergies?			
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill while exercising in the heat?			F	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 cardiomyopathy, Marfan syndrome, Brugada syndrome?			Do you have headaches or get frequent muscle cramps When exercising?			How old were you v menstrual period?	vhen you had your first			
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?				nave 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?		£	•							
nereby state that, to the i	est c	or m	y knowledge, my answers to the	apov	e qu	lestions 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 P	arer	nt o	r Guardia	n or 18 Year Ol	Ч		
IN EMERCENCY 1		Grade:					. ———			
IN CIVIERGENCY 1)			Prione #:	Phone #: Cell #:						
				Phone #: Cell #:						
Family Doctor:							e:			
Allergies:										
Drug Reactions:										
Current 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 C	N OR AF	TER APRIL 15 OF	THE PREVIOU	S SCHO	OL YEAR							
PLEASE PRINT												
Last STUDENT'S COMPLETE LEGAL NAME:		First		Mic	ddle							
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  Approximate Market stringers (supposed in its bigh cashed relate greater approximate stringers)	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									
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Shoulder/Arm									
Lymph Nodes  Heart, Manuscript of condition standing paring 1/ Valency Leasting of paint of proving linguistic (DM)	D		Elbow/Forearm									
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI Pulses: Simultaneous femoral and radial pulses	.)		Wrist/Hand/Fingers Hip/Thigh									
Lungs:			Knee									
Abdomen			Leg/Ankle									
Genitourinary (Males Only)  Skin: HSV, lesions suggestive of MRSA, tinea corporis			Foot/Toes Functional: Duck Walk									
Neurologic:			Tunctional. Buck Walk									
I certify that I have examined the above student and recommend his  BASEBALL - BASKETBALL - BOWLING - COMPETITI ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALI  A CURRENT-YEAR PHYSICAL IS ONE GIVEN O  SIGNATURE OF  EXAMINER:  PRINTED NAME OF EXAMINER:	VE CHEER - - SWIMMIN <b>N OR AF</b>	CROSS COUNTRY - FOOT IG - TENNIS - TRACK & F FER APRIL 15 OF	BALL - GOLF - GY IELD - VOLLEYBA ITHE PREVIOU	MNASTICS LL - WREST	TLING OOL YEAR CIRCLE ONE							
STUDENT	PART	ICIPATION										
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 athle HIPAA for the purpose of determining eligibility for interscholastic athletics; ar activities. He/She has my permission to accompany the team as a member on it	etics and for t	he disclosure to the MHSA and the possibility that seriou	A of information oth	nerwise prot								
I further understand that my son or daughter will be expected to adhere firmly to Association.	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	Compl	leted By Paren	t or Guardi	an or 1	18-Year-Old							
I,, an 18 year-old that as a result of athletic participation, medical treatment on an em may be unable to contact me for my consent for emergency medical hospital care, as may be deemed necessary under the then-existing of the contact means the contact means are contact means and the contact means are contact means as a second mean and the contact means are contact means are contact means and the contact means are	ergency ball care. I do	sis may be necessary, a hereby consent in adv	ance to such eme	ergency ca	_							
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD			DATE									