

## 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 STUDENT'S NAME:			FIRST	N	II	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	JARDIAN			WORK	PHONE		
							" OAK THONE			
FAMILY DOCTOR			OFFICE PHONE STUDENT'S HOME PHONE	3						
INSU	JRA	NC	E STATEMENT AND MED	ICA		STORY				
			nce regulations of the school district and the				as complete and correct as	possible	e.	
Family Insurance Co:	•					act #:				
Signatures of Student:			& Parent/Guardian or 18 Yea	r Old:				4	4	
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDI	CAL QUESTIONS	YES	NO	
Has a Doctor ever denied or restricted your participation in			Does anyone in your family have arrhythmogenic			Do you have any co	ncerns that you would like to			
Sports for any reason?			right ventricular cardiomyopathy, long QT syndrome?  Has any family member or relative died of heart			Ware you been with	out or are you missing an organ?			
Do you have any ongoing medical conditions? If so, please 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)				
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?			Have you ever had a  Do you worry about	_			
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO	Have you ever had a	head injury or concussion?			
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 Have you ever had nur			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?			CT scan, injections, therapy, a brace or cast or crutches?			after being hit or fal	ing?			
Do you get more tired or short of breath more quickly than your friends during exercise?			Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you trying to or gain or lose weight?	has anyone recommended that you			
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?	diet or do you avoid certain			
Have you ever had an unexplained seizure or do you have			Do you regularly use a brace, orthotics, or other assistive			Do you wear protect	ive eyewear, such as goggles, or a			
a history of seizure disorder?  Does your heart ever race or skip beats (irregular beat)			device?  Do any of your joints become painful, swollen, feel warm			face shield?  Do you or someone	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 pressure?			Do you have any history of juvenile arthritis or connective tissue disease?			Have you had any p or had any eye injur	oblems with your eyes or vision es?			
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?				erpes or MRSA skin infection?			
problems?			IMMUNIZATION HISTORY	YES	NO	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)			problems?	hes, pressure sores, or other skin			
Has a doctor ever told you that you have a heart murmur?  YOUR FAMILY'S HEART HEALTH OUESTIONS	YES	NO	MEDICAL QUESTIONS	YES	NO	Do You Have Any	Allergies? EMALES ONLY	YES	NO	
Does anyone in your family have a heart problem,	IES	NU	Have you ever become ill while exercising in the heat?  Do you cough, wheeze, or have difficulty breathing			Have you ever had a		ILS	NO	
Pacemaker, or implanted defibrillator?  Does anyone in your family have hypertrophic			during or after exercise?  Do you have headaches or get frequent muscle cramps				hen you had your first			
cardiomyopathy, Marfan syndrome, Brugada syndrome?			When exercising?			menstrual period?				
Anyone in your family had unexplained fainting?  Anyone in your family had unexplained seizures?			Do you have pain, a painful bulge or hernia in the groin?  Is there any one in your family who has asthma?	1		How many periods I twelve (12) months?	nave you had in the last			
Anyone in your family had unexplained serzares:  Anyone in your family had unexplained near drowning?			Have you ever used an inhaler or taken asthma medicine?			twerve (12) months				
I hereby state that, to the l	best o	of m	y knowledge, my answers to the	abov	e au	estions are	complete and corre	ct.		
					•		•		4	
<b>7</b>			Signature of:				Date:			
Of Student			Parent/Guardian							
< D	DETAC	н не	RE IF NEEDED TO ACCOMPANY STU	IDENT	ATH	LETE >				
EMERGENCY INFOR	MAT		N $-$ To Be Completed by P	arer	nt o	r Guardia	n or 18 Year Ol	d		
Student's Name:							Grade	:		
N EMERGENCY 1)			Phone #: Cell #:							
CONTACT or 2)			Phone #:			عی م	    #:			
Family Doctor:							e:			
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 F	HYSICALIS				THE PREVIOU	3 30110	OL YEAR	
		PLEA	SE PR	INT				
Last STUDENT'S COMPLETE LEGAL NAME:				First	Middle			
STUDENT'S Month DATE OF BIRTH:	Day	Year	PLACE OF BIRTH:	City	State			
CIRCLE GRADE: 7 8 9 10	11 12 S	CHOOL:						
PH	YSICAL	<b>EXAMINAT</b>	ION &	<b>MEDICAL CL</b>	EARANCE.			
To be completed by the examining	MD, DO, PA or	NP & Returned Dire	ctly to the p	atient. Categories may b	e added or deleted.	Check Ap	propriate Column	
EXAMINATION: (Circle Correct Response As Nec	essary) Height:	Weight:	Male/Female		Vision: R 20/	L 20/	Corrected: Yes No	
MEDICAL  Appearance: Marfan stigmata (kyphoscoliosis, high-ar	ched palate, pectus ex	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL Neck	NORMAL	ABNORMAL FINDINGS		
arm span > height, hyperlaxity, myopia,					Back			
Eyes/Ears/Nose/Throat: Pupils Equal Hearing					Shoulder/Arm			
Lymph Nodes  Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)					Elbow/Forearm Wrist/Hand/Fingers			
Pulses: Simultaneous femoral and radial pulses					Hip/Thigh			
Lungs:					Knee			
Abdomen Genitourinary (Males Only)					Leg/Ankle Foot/Toes			
	uggestive of MRSA, t	inea corporis			Functional: Duck Walk			
Neurologic:								
	SKETBALL - BO SSE - SKIING - HYSICAL IS	WLING - COMPETITIV SOCCER - SOFTBALL	VE CHEER - - SWIMMIN	CROSS COUNTRY - FOOT IG - TENNIS - TRACK & F	BALL - GOLF - GY FIELD - VOLLEYBAI THE PREVIOU	MNASTICS	TLING OOL YEAR CIRCLE ONE D DO PA NP	
		<b>STUDENT</b>	<b>PART</b>	<b>ICIPATION</b>				
This application to participate in athletics negotiable certificate for merchandise in events, nor have I ever competed under a until after my school season has been con High School Athletic Association, such a	any amount, nor n assumed name npleted. I unders	my part and the inform any emblematic award . After I have represen stand that I am expecte	nation submit or merchand ated my school d to adhere fi	ted is truthful to the best of lise worth more than twent of in any sport, I will not co irmly to all established ath	y-five dollars (\$25.0 ompete in any outsid letic policies of my s	0) for partice e athletic co chool distri	cipating in athletic ontest in this sport ct and the Michigan	
Signature of STUDENT:					Date:		_	
DA	DENIE OF	CHADDIA	N OD 4	O VEAD OLD	CONCEN			
PA	KENI UI	K GUAKDIA	N UK 1	18 –YEAR-OLI	) CONSEN			
I hereby give my consent for the above st HIPAA for the purpose of determining el activities. He/She has my permission to a	igibility for inter	scholastic athletics; an	d I understan	d the possibility that serior		-		
I further understand that my son or daugh Association.	ter will be expec	ted to adhere firmly to	all establishe	ed athletic policies of the s	chool district and the	e Michigan	High School Athletic	
Signature of PARENT OF	R GUARDIAN (	OR 18 YEAR-OLD			Date			
< I	ETACH HERI	E IF NEEDED TO AC	CCOMPANY	Y STUDENT ATHLETE	>		<u></u>	
MEDICAL TREATME	NT CONS	ENT – To Be	Comp	eted By Paren	t or Guardi	an or '	18-Year-Old	
I,	tion, medical to y consent for	reatment on an eme emergency medical	ergency bas I care. I do	sis may be necessary, a hereby consent in adv	and further recogn rance to such eme	nize that s rgency ca	chool personnel	
SIGNATURE OF PARENT OR GU	JARDIAN OR	. 18 YEAR-OLD			DATE			