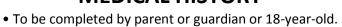
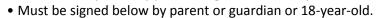


MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY







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

LAST STUDENT'S NAME:				FIRST	N	ΛI	SEX	GRADE	DATE OF BIRTH	AG	E					
STUDENT'S NAME: NUMBER AND STREET CITY											ZIP					
STUDENT'S ADDRESS:																
NAME OF FATHER OR GUARDIAN WORK PHONE NAME OF MOTHER OR GU							JARDIAN WORK PHONE									
FAMILY DOCTOR	OOCTOR OFFICE PHONE STUDENT'S HOME PHONE															
MEDICAL HISTORY																
GENERAL QUESTIONS	YES	NO		ART HEALTH QUESTIONS	YES	NO		MEDI	CAL QUESTIONS	YES	NO					
Has a Doctor ever denied or restricted your participation in			Does anyone in your fami						ncerns that you would like to							
Sports for any reason?			right ventricular cardiomyopathy, long QT syndrome? discuss with a doctor? Has any family member or relative died of heart Ware you been without or													
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes				expected or unexplained sudden learly cluding drowning, unexplained learning to the learning t				, ,								
Infections Other:			car accident or sudden inf		A testicle (males) Any other organ?											
Have you ever spent the night in the hospital? Have you ever had surgery?				illy have catecholaminergic Have you ever had an eating disorder? tachycardia, short QT syndrome? Do you worry about your weight?												
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO		DINT 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?				injury to a bone, muscle, ligament you to miss a practice or a game?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?									
Have you ever had discomfort, pain, tightness or pressure				oken or fractured bones or		Have you ever had numbness, tingling, or weaknes					-					
in your chest during exercise?			dislocated joints?			your ar		<u> </u>								
Do you get lightheaded or feel more short of breath than expected during exercise?			Have you ever had an inju CT scan, injections, thera			Have y after be										
Do you get more tired or short of breath more quickly than your friends during exercise?			Have you ever been told t atlantoaxial instability (De			Are you										
Has a doctor ever ordered a test for your heart?			Have you ever had an x-ra			gain or lose weight? Are you on a special diet or do you avoid certain										
For example: ECG/EKG, echocardiogram Have you ever had an unexplained seizure or do you have				l instability (Down syndrome or dwarfism)? types of foods? gularly use a brace, orthotics, or other assistive Do you wear protective eyewear, such as go												
a history of seizure disorder?			device?				face sh	ield?								
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become or look red?	ome painful, swollen, feel warm			-	Do you or someone in your family have sickle cell trait or disease?								
Has a doctor ever told you that you have high blood			Do you have any history of juvenile arthritis or Have you had any problems with your eyes or vi						roblems with your eyes or vision		\vdash					
pressure? Has a doctor ever told you that you have high cholesterol?			connective tissue disease? Have you ever had a stres				any eye injur	ies? or contact lenses?		-						
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle,					nerpes or MRSA skin infection?								
Has a doctor ever told you that you have other heart problems?			IMMUNIZATION HISTORY			NO	Have y the last									
Has a doctor ever told you that you have a heart infection?			Are you missing any reco MCV4, HPV, Varicella, M			Do you probler										
Has a doctor ever told you that you have a heart murmur?	TIPO.	NO.	MEDICAL QUESTIONS Have you ever become ill while exercising in the heat?			NO	Do You Have Any Allergies? FEMALES ONLY				NO					
YOUR FAMILY'S HEART HEALTH QUESTIONS Does anyone in your family have a heart problem,	YES	NO	•	eeze, or have difficulty breathing			Have you ever had a menstrual period?			YES	NO					
Pacemaker, or implanted defibrillator?			during or after exercise?						•		<u> </u>					
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			When exercising?	r get frequent muscle cramps	nt muscle cramps How old were you when you had your first menstrual period?											
Anyone in your family had unexplained fainting?			Do you have pain, a pain			How many periods have 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 fa Have you ever used an inl	haler or taken asthma medicine?		twelve (12) months?					-					
	IRΔ	ИC	*	NT AND CERT	al al	CA	TION	T .								
Our Son/Daughter will comply with the s									estions are as complete ar	nd corr	ect					
as possible.	F							J -1								
•				Contract	4.											
Family Insurance Co:				Contract +	Η					-						
Signatures of Student:			& Pare	nt/Guardian or 18 Yea	r Old:					4						
,										- 1						
< D	ETAC	H HE	RE IF NEEDED TO	O ACCOMPANY STU	DENT	ATH	LETE	>								
EMERCENCY INCOR	N A A T		I To Po Co	and to d by D	0 11 O 11	4 0	" C·	ordio	n on 10 Voor Ol	-1						
EMERGENCY INFORI	VIA	IUI	v — то ве сс	impleted by Pa	arer	ונ ט	r Gu	larula	n or 18 Year Oil	<u>.</u>						
Student's Name:								Grade:								
IN EMERGENCY 1)					Cell #:											
CONTACT or 2)			Phone #: Cell #:													
				Phone:												
Allergies:																
Drug Reactions:																
Current Medications:																
Current Medications:																



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

MICAN

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

• Must be signed in <u>two</u> 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

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR											
PLEASE PRINT											
Last STUDENT'S COMPLETE LEGAL NAME:		First	Middle								
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City	State								
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:											
PHYSICAL EXAMINAT	3 NOL	MEDICAL CL	EARANCE								
To be completed by the examining MD, DO, PA or NP & Returned Direct					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, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	T		Neck Back	-							
Eyes/Ears/Nose/Throat: Pupils Equal Hearing	 		Shoulder/Arm								
Lymph Nodes			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	\vdash		Foot/Toes Functional: Duck Walk	<u> </u>							
Skin: HSV, lesions suggestive of MRSA, tinea corporis Neurologic:	+ +		Functional Duck wark								
I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities <u>NOT</u> 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: PRINTED NAME OF EXAMINER: DATE:											
STUDENT PARTICIPATION & PARENT	OR G	UARDIAN OR									
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. 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 all established athletic policies of the school district and the Michigan High School Athletic Association.											
Association. Signature of STUDENT:Date:											
Signature of PARENT: or GUARDIAN or 18 YEAR-OLD				_ Date: _							
< DETACH HERE IF NEEDED TO AC	CCOMPAN	Y STUDENT ATHLETE	>								
MEDICAL TREATMENT CONSENT – To Be Completed By Parent or Guardian or 18-Year-Old											
I,, an 18 year-old					recognize						
that as a result of athletic participation, medical treatment on an ememay be unable to contact me for my consent for emergency medical hospital care, as may be deemed necessary under the then-existing consents.	l care. I do	hereby consent in adva	ance to such emer	rgency car	_						
SIGNATURE OF PARENT OR GUARDIAN OR 18	VEAR-OU			D/	ATE						
SIGNATURE OF TAKENT OR GUARDIAN OR 10	I LAIC-OLL	,		Dr	11L						