

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. MEDICAL HISTORY

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





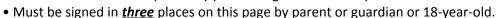
A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

LAST			FIRST	N	ΛI	SEX GRADE	DATE OF BIRTH	AG	E	
STUDENT'S NAME:					-				- TWD	
NUMBER AND STR STUDENT'S ADDRESS:	EET				CIT	Y			ZIP	
NAME OF FATHER OR GUARDIAN		WORK PHONE NAME OF MOTHER OR GU	NAME OF MOTHER OR GUARDIAN WORK PHONE							
FAMILY DOCTOR OFFICE PHONE STUDENT'S HOME PHONE										
ISINI	IDΛ	NIC	E STATEMENT AND MED	IC A I	-	STORY				
								:1.1 .		
Family Insurance Co:			nce regulations of the school district and the M					oossibie	•	
rainity histitatice Co.					COIIII	ICI #			_	
Signatures of Student:			& Parent/Guardian or 18 Yea	r Old:				_ (
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		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			Has any family member or relative died of heart			Were you born with	out or are you missing an organ?			
Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained				A kidney An eye Your spleen			
Infections Other: Have you ever spent the night in the hospital?			car accident or sudden infant death syndrome) ?			Have you ever had a	Any other organ?		<u> </u>	
Have you ever had surgery?			Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?			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 dheadache, or memory problems?			
Have you ever had discomfort, pain, tightness or pressure			Have you ever had any broken or fractured bones or				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 fall	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?			Have you ever had an x-ray for neck instability or				diet or do you avoid certain			
For example: ECG/EKG, echocardiogram Have you ever had an unexplained seizure or do you have			atlantoaxial instability (Down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive			types of foods?	ive eyewear, such as goggles, or a		-	
a history of seizure disorder?			device?			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?	in your family have sickle cell trait			
Has a doctor ever told you that you have high blood			Do you have any history of juvenile arthritis or				roblems with your eyes or vision			
pressure? Has a doctor ever told you that you have high cholesterol?			connective tissue disease? Have you ever had a stress fracture?			or had any eye injuri Do you wear glasses			 	
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle, or joint injury bothering you?			Have you ever had h	erpes or MRSA skin infection?			
Has a doctor ever told you that you have other heart problems?			IMMUNIZATION HISTORY	YES	NO	the last month?	ious mononucleosis (mono) within			
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)			Do you have any ras problems?	hes, 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	•			
YOUR FAMILY'S HEART HEALTH QUESTIONS Does anyone in your family have a heart problem,	YES	NO	Have you ever become ill while exercising in the heat? Do you cough, wheeze, or have difficulty breathing				EMALES ONLY	YES	NO	
Pacemaker, or implanted defibrillator?			during or after exercise?			Have you ever had a	*			
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 w menstrual period?	hen 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? Anyone in your family had unexplained near drowning?			Is there any one in your family who has asthma? Have you ever used an inhaler or taken asthma medicine?			twelve (12) months?			-	
		£	·	- h - · ·						
I nereby state that, to the i	est c)T M	y knowledge, my answers to the	apov	e qu	estions are	complete and corre	ct.	4	
Signature:		Signature of:				Date:				
Of Student			Parent/Guardian					,	1	
< C	PETAC	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	d		
			-							
IN EMERCENCY 1	Gr					Grade:				
IN EIVIERGENCY 1)				Phone #: Cell #:						
				Phone #: Cell #:						
Family Doctor:							e:			
Allergies:										



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		Midd	le				
STUDENT'S COMPLETE LEGAL NAME:											
STUDENT'S Month DATE OF BIRTH:	Day	Year	PLACE OF BIRTH:	City		Stat	e				
CIRCLE GRADE: 7 8 9 10	11 12	SCHOOL:									
Р	HYSIC	AL EXAMINAT	FION &	MEDICAL CL	EARANCE						
To be completed by the examining						Check Appi	ropriate Column				
EXAMINATION: (Circle Correct Response As N			Male/Female	BP: / Pulse:	Vision: R 20/	L 20/	Corrected: Yes No				
MEDICAL	vecessary) Treng	int. Weight.	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL		ABNORMAL FINDINGS				
Appearance: Marfan stigmata (kyphoscoliosis, high					Neck						
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)					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 puls	ses				Hip/Thigh						
Lungs: Abdomen			+		Knee Leg/Ankle						
Genitourinary (Males Only)			+		Foot/Toes						
	s suggestive of MR	RSA, tinea corporis			Functional: Duck Walk						
Neurologic:											
	ROSSE - SKIIN	IG - SOCCER - SOFTBALL	L - SWIMMIN	CROSS COUNTRY - FOOTI IG - TENNIS - TRACK & F FER APRIL 15 OF T	ELD - VOLLEYBAL	L - WRESTL	OL YEAR CIRCLE ONE				
OF EAAMINER.		STUDENT	DADT	ICIPATION	DA	ATE					
					1 1 1 1						
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 HIPAA for the purpose of determining activities. He/She has my permission to	student to eng	gage in interscholastic athle interscholastic athletics; an	etics and for the	he disclosure to the MHSA. In the possibility that seriou	A of information other	erwise protec					
I further understand that my son or daugassociation.	ghter will be e	xpected to adhere firmly to	all establish	ed athletic policies of the so	chool district and the	Michigan H	igh School Athletic				
Signature of PARENT (OR GUARDI	AN OR 18 YEAR-OLD			Date						
<	DETACH H	ERE IF NEEDED TO A	CCOMPAN	Y STUDENT ATHLETE	>		-				
MEDICAL TREATME	ENT CO	NSENT - To Be	Comp	leted By Paren	t or Guardia	an or 1	8-Year-Old				
ī			_								
that as a result of athletic particip may be unable to contact me for hospital care, as may be deemed	nation, medic my consent	cal treatment on an emotion emergency medical	ergency basel care. I do	hereby consent in adva	nd further recognates ance to such emer	gency care	_				
SIGNATURE OF PARENT OR (GUARDIAN	OR 18 YEAR-OLD			DATE						