

McLaren Print System Order

Order No: 6827
Order Date: 2014-10-31
User: Holly Reibel
Phone: 248-627-3535

Ship Location: Holly Reibel
180 N. Ortonville Rd
Ortonville, MI 48462

Forms
Quantity: 100
Paragon Dept No: 73250
Dept Name: McLaren Ortonville
Company Number: 810

Order Total Price: 0.00

Item Number: 35910
Item Description: MHSAA Sport Physical
Revision Date:
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
MEDICAL HISTORY
* To be completed by parent or guardian or 18-year old.
* Must be signed before 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

STUDENT'S NAME	SEX	DOB	GRADE	SECTION	DATE
STUDENT'S ADDRESS	HOME PHONE		HOME EXTENSION		PHONE
CITY/STATE/ZIP	SCHOOL NAME		SCHOOL ADDRESS		

INSURANCE STATEMENT AND MEDICAL HISTORY

Parent's Signature: _____ Date: _____
Student's Signature: _____ Date: _____

ALLERGIC REACTIONS	HEART DISEASE	RESPIRATORY DISEASE	HEAD INJURY	NEUROLOGICAL DISEASE	SKIN DISEASE	OTHER DISEASES
Do you have any allergic reactions to any foods, drugs, or environmental factors? If so, list them.	Do you have any heart disease, including high blood pressure, coronary artery disease, or any other heart condition?	Do you have any respiratory disease, including asthma, chronic bronchitis, or emphysema?	Do you have any head injury, including concussion, skull fracture, or any other head trauma?	Do you have any neurological disease, including epilepsy, multiple sclerosis, or any other brain or nerve condition?	Do you have any skin disease, including eczema, psoriasis, or any other skin condition?	Do you have any other diseases or conditions, including diabetes, kidney disease, or any other chronic illness?

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student: _____ Signature of Parent/Guardian: _____ Date: _____

EMERGENCY INFORMATION - To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____
IN EMERGENCY CONTACT: () Phone #: _____ Cell #: _____
() Phone #: _____ Cell #: _____
Family Doctor: _____ Phone: _____
Allergies: _____
Drug Reactions: _____
Current Medications: _____

30910