



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
Must be signed below 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

Form with fields for Student's Name (Last, First, MI, Sex, Grade, Date of Birth, Age), Student's Address (Number and Street, City, ZIP), Name of Father or Guardian (Work Phone), Name of Mother or Guardian (Work Phone), Family Doctor (Office Phone), and Student's Home Phone.

INSURANCE STATEMENT AND MEDICAL HISTORY

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: \_\_\_\_\_ Contract #: \_\_\_\_\_

Signatures of Student: \_\_\_\_\_ & Parent/Guardian or 18 Year Old: \_\_\_\_\_

Table with columns for General Questions, Heart Health Questions About You, Your Family's Heart Health Questions, Bone and Joint Questions, Immunization History, Medical Questions, and Females Only. Each question has Yes/No columns.

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: \_\_\_\_\_

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

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

Emergency information fields: Student's Name, Grade, IN EMERGENCY CONTACT 1) or 2), Phone #, Cell #, Family Doctor, Phone, 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 ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

PLEASE PRINT

|                                |  |  |       |     |      |                 |    |      |         |
|--------------------------------|--|--|-------|-----|------|-----------------|----|------|---------|
| Last                           |  |  | First |     |      | Middle          |    |      |         |
| STUDENT'S COMPLETE LEGAL NAME: |  |  |       |     |      |                 |    |      |         |
| STUDENT'S DATE OF BIRTH:       |  |  | Month | Day | Year | PLACE OF BIRTH: |    | City | State   |
| CIRCLE GRADE:                  |  |  | 7     | 8   | 9    | 10              | 11 | 12   | SCHOOL: |

## PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

|                                                                                                                                                                       |               |                          |                        |               |                          |               |       |                |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|------------------------|---------------|--------------------------|---------------|-------|----------------|----|
| EXAMINATION: (Circle Correct Response As Necessary)                                                                                                                   | Height:       | Weight:                  | Male/Female            | BP: /         | Pulse:                   | Vision: R 20/ | L 20/ | Corrected: Yes | No |
| <b>MEDICAL</b>                                                                                                                                                        | <b>NORMAL</b> | <b>ABNORMAL FINDINGS</b> | <b>MUSCULOSKELETAL</b> | <b>NORMAL</b> | <b>ABNORMAL FINDINGS</b> |               |       |                |    |
| Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) |               |                          | Neck                   |               |                          |               |       |                |    |
| Eyes/Ears/Nose/Throat: Pupils Equal Hearing                                                                                                                           |               |                          | Back                   |               |                          |               |       |                |    |
| Lymph Nodes                                                                                                                                                           |               |                          | Shoulder/Arm           |               |                          |               |       |                |    |
| Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)                                                               |               |                          | Elbow/Forearm          |               |                          |               |       |                |    |
| Pulses: Simultaneous femoral and radial pulses                                                                                                                        |               |                          | Wrist/Hand/Fingers     |               |                          |               |       |                |    |
| Lungs:                                                                                                                                                                |               |                          | Hip/Thigh              |               |                          |               |       |                |    |
| Abdomen                                                                                                                                                               |               |                          | Knee                   |               |                          |               |       |                |    |
| Genitourinary (Males Only)                                                                                                                                            |               |                          | Leg/Ankle              |               |                          |               |       |                |    |
| Skin: HSV, lesions suggestive of MRSA, tinea corporis                                                                                                                 |               |                          | Foot/Toes              |               |                          |               |       |                |    |
| Neurologic:                                                                                                                                                           |               |                          | Functional: Duck Walk  |               |                          |               |       |                |    |

### RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities **NOT** 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: \_\_\_\_\_

CIRCLE ONE

MD DO PA NP

DATE: \_\_\_\_\_

## STUDENT PARTICIPATION

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 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.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD

Date

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

## MEDICAL TREATMENT CONSENT - To Be Completed By Parent or Guardian or 18-Year-Old

I, \_\_\_\_\_, an 18 year-old, or the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD

DATE