

McLaren Print System Order

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 User: Kelly Lewis
 Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care
 801 Joe Mann Blvd.
 Midland, MI 48642

Forms

Quantity: 500
 Paragon Dept No: 56062
 Dept Name: Midland Occupational and Convenient Care
 Company Number: 810

Order Total Price: 43.80

Item Number: M-35910
 Item Description: MHSAA Sport Physical
 Revision Date: 8/2016
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info: 2 sheets; ds; black

MHSAA PHYSICAL EXAMINATION CLEARANCE FORM

This form must be on file in the school before practicing with any athletic team

Student Name _____ Birth Date _____ Age _____ Gender: M / F
 Address _____
 Home Telephone _____
 School _____ Grade _____ Sports _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box)

(1) Participate in all school interscholastic activities without restrictions.
 (2) Not cleared for: All Sports Specific Sports _____

Cross out specific sports below not cleared for participation.

Sport classification based on contact		
Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Baseball Basketball Cricket Football Ice Hockey Rugby Wrestling	Baseball Competitive Cheer Gymnastics Ice Skating Alpine Skiing Golf Softball	Tack Football High Jump Pole Vault Gymnastics Swimming Tennis Track Running Track Football Tennis Volleyball Water Polo

Sport classification based on intensity and strenuousness			
High Intensity High-to-Moderate Dynamic High-to-Moderate Static	High Intensity High-to-Moderate Dynamic Low Static	High Intensity Low Dynamic High-to-Moderate Static	Low Intensity Low Dynamic Low Static
Alpine Skiing Cross Country Football Ice Hockey Track Events - Distance Track Events - Sprint Wrestling	Baseball Lacrosse (Stick and Circle) Rugby Softball Swimming Tennis Volleyball	Golf Competitive Clear Diving Field Events Gymnastics	Swimming Golf

(3) Requires further evaluation before a final recommendation can be made.
 Additional recommendations for the school or parents: _____

I have examined the above named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Examiner Signature: _____ DO MD NP RN Date of Exam: _____
 Print Examiner Name: _____
 Address: _____
 Office Telephone: _____

COPY BOTH SIDES OF THIS SHEET FOR THE STUDENT TO RETURN TO THE SCHOOL, AND KEEP THE ENTIRE FORM IN THE STUDENT'S MEDICAL RECORD

ATTACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE'S _____

EMERGENCY INFORMATION FOR: _____ Grade _____

Allergies - Drug Reactions - Current Medications: _____
 Other Special Medical Information: _____
 Emergency Contact: _____ Relationship: _____
 Telephone (H) _____ (W) _____ (C) _____
 Personal Physician: _____ Office Telephone: _____