

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	1	ΛI	SEX GRADE	DATE OF BIRTH	AG	E	
STUDENT'S NAME:					-					
NUMBER AND STR STUDENT'S ADDRESS:	EET				CIT	Y			ZIP	
NAME OF FATHER OR GUARDIAN										
FAMILY DOCTOR			OFFICE PHONE STUDENT'S HOME PHONE	STUDENT'S HOME PHONE						
ISINI	IDΛ	NIC	E STATEMENT AND MED	IC AI		STORY				
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Family Insurance Co:			nce regulations of the school district and the M					oossibie	·•	
rainity histitatice Co.					Contra	ιτι π.			_	
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 r?			
Do you have any ongoing medical conditions? If so, please			Has any family member or relative died of heart			Were you born without 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) ?	death syndrome)?						
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 a doctor ever ordered a test for your heart?			Have you ever had an x-ray for neck instability or			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			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 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				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?				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 A	•			
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?			How many periods h	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?				
	oost o	of m	y knowledge, my answers to the	ahov	0.01	ostions are	complete and corre	ct		
					-		•	4		
Signature:					Date:					
Of Student			Parent/Guardian							
_										
< C	DETAC	н не	RE IF NEEDED TO ACCOMPANY STU	DENT	ATH	LETE >				
EMERGENCY INFOR	MAT	ΓΙΟΙ	N – To Be Completed by P	arer	nt o	r Guardia	n or 18 Year Ol	d		
Student's Name:										
IN FMFRGENCY 1)			Phone #:							
CONTACT or 2)			Dhone #	Phone #: Cell #: Phone #: Cell #:						
				Phone #: Ceil #: Phone:						
							e:			
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												
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City	State									
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:												
PHYSICAL EXAMINAT	ION &	MEDICAL CL	EARANCE									
To be completed by the examining MD, DO, PA or NP & Returned Direct	ctly to the p	atient. Categories may be	added or deleted.	Check App	propriate Column							
EXAMINATION: (Circle Correct Response As Necessary) Height: Weight:	Male/Female	BP: / Pulse:	Vision: R 20/	L 20/	Corrected: Yes No							
MEDICAL Medical design of the second	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)			Neck Back									
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Shoulder/Arm									
Lymph Nodes Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm Wrist/Hand/Fingers									
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh									
Lungs: Abdomen			Knee Leg/Ankle									
Genitourinary (Males Only)	+ +		Foot/Toes									
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk									
Neurologie:												
BASEBALL - BASKETBALL - BOWLING - COMPETITIVE ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL A CURRENT-YEAR PHYSICAL IS ONE GIVEN OF SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER: PRINTED NAME OF EXAMINER: STUDENT This application to participate in athletics is voluntary on my part and the informance of the precious of the	PART ation submit or merchance ted my school d to adhere frexamples but NOR 1	ICIPATION ICIPATION Ited is truthful to the best of lise worth more than twenty ol in any sport, I will not co irmly to all established athlet which do not present all the list which do not present all the list which do not present all the list which list which do not present all the list which do not present all the list which list whic	my knowledge. I have five dollars (\$25.00 mpete in any outside etic policies of my see policies to which be a poli	ATE: ave never re 0) for partice e athletic co chool district I am subject	CIRCLE ONE D DO PA NP exceived money or ipating in athletic ntest in this sport et and the Michigan tr. exceted by FERPA and							
activities. He/She has my permission to accompany the team as a member on its I further understand that my son or daughter will be expected to adhere firmly to	out-of-town	trips.										
Association.	an establish	ed aunieur poncies of the sc	chool district and the	Michigan	High School Athletic							
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	Compl	eted By Paren	t or Guardia	an or 1	8-Year-Old							
I,, an 18 year-old,	or the nor	ent or quardian of			raccaniza							
that as a result of athletic participation, medical treatment on an eme may be unable to contact me for my consent for emergency medical hospital care, as may be deemed necessary under the then-existing c	ergency base care. I do	sis may be necessary, a hereby consent in adva	nd further recogn	rgency car								
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD			DATE									